

Direct Patient Care Experience/Shadowing Verification Form

Please complete this form to verify that you have participated in an experience with a practicing physician or physician assistant. Applicants are required to complete a minimum of 500 direct patient care hours and 24 shadowing hours.

Applicant Information

Name	Address	City	State	Zip Code

Direct Patient Care Experience

Organization Name	Position	Total Hours	Dates of Experience	Address	City	State	Supervisor Name	Title	Contact Phone	Contact Email

TOTAL DPC HOURS

Shadowing Experience

Organization Name	Position	Total Hours	Dates of Experience	Address	City	State	Supervisor Name	Title	Contact Phone	Contact Email

TOTAL SHADOWING HOURS