

## Radiologic Science Program: Healthcare Related Experience Form

**Fill out this form via the instructions below, even if you do not have healthcare related work experience.**

Yes – I have healthcare related work experience (can be volunteer or paid). Complete this form, save it as a PDF and upload it to your online application.

No – I do not have any healthcare related work experience. Write or type your name below, save it as a PDF and upload this form to your online application.

Healthcare related experience is defined as any paid or unpaid/volunteer work in a clinic, office, hospital, emergency medicine or home-care setting in which the applicant interacted with patients and/or medical staff.

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Full name (Last, First)

Job title

Name of hospital, clinic, or facility

Dates of patient care experience

Total patient care hours completed

Please write a description of your healthcare related experience below:

Print direct supervisor's name

Direct supervisor's contact information

Direct supervisor's signature