

Student Name:

Student #

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|---|------------------------------------|--------------------------------------|--|---------------------------------------|---|--|
| Name of Facility | | | | | | |
| Summary of tasks performed or observed | | | | | | |
| # of hours worked | 0-80 <small>(1-2 weeks)</small> | 80-160 <small>(2-4 weeks)</small> | 160-900 <small>(1-6 months)</small> | >900 <small>(>6 months)</small> | Start and end date of work/ experience | |
| Supervisor's name | | | | | Supervisor's role/ title | |
| Supervisor signature | | | | | Date signed | |
| Name of Facility | | | | | | |
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