

**Work Related Patient Care Experience/Volunteer Time Sheet**

 **Radiologic Technology Program**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature ***(required non-electronic signature***): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **40 + hours** volunteer work in patient care setting or work-related experience in a patient care area**REQUIRED- MUST INVOLVE DIRECT PATIENT CONTACT** and must be completed prior to the September 1st deadline.Email: ctompkins@wvc.edu Claire Tompkins Radiologic Technology Program Director (509) 682-6672 |

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| Date |  Description  |  Hours |
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Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBMIT THIS FORM WITH YOUR APPLICATION ONLINE**