A close up of a logo

Description automatically generated with low confidence

**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](mailto: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**