

# MONMOUTH UNIVERSITY

## Physician Assistant Program Clinical Hours Documentation

Please use this form to document your clinical experiences prior to admission. Types of facilities and clinical experiences that are acceptable include: hospitals, urgent care centers, emergency rooms, first aid squads, nursing homes, or physician offices. The expected experience must include time observing or participating in patient care with an emphasis on the interaction between the patient and the clinician. Time spent doing administrative or clerical duties cannot be counted toward the requirement. The student should complete the upper portion of the form and have the supervisor sign the bottom of the form. Use one form for each facility at which you spent time. Please feel free to make multiple copies of the form if needed. Please print or type the information below.

*To Be Completed By The Applicant:*

Student Name \_\_\_\_\_

Monmouth Student ID or last  
4 digits of Social Security number \_\_\_\_\_

Type of facility \_\_\_\_\_

Address of facility \_\_\_\_\_

Supervisor's name and  
credentials (eg, PA-C, MD) \_\_\_\_\_

Number of hours worked \_\_\_\_\_

Dates of observations \_\_\_\_\_

*To Be Completed By The Supervisor:*

I certify that the student listed above either shadowed me or was employed at my facility.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_