

Name: _____

Date Submitted: _____

You need to copy this page if you have more than three clinical positions to report.

11. PROFESSIONAL and CLINICAL EXPERIENCE

- List current experience first
- Any job that is going to be a part of your supervised experience has to be reported in this application
- Attach a job description for your current experience

Position: _____ Dates: _____

Employer: _____ Phone: (____) _____ - _____

Address: _____
Box or Street Number City State Zip Code

On-site Supervisor: _____ Type of License _____ License # _____

Approved Supervisor _____ License # _____

Number of hours worked each month _____

11A. PROFESSIONAL and CLINICAL EXPERIENCE

- List current experience first
- Any job that is part of your supervised experience has to be reported in this application
- Attach a job description for your current experience

Position: _____ Dates: _____

Employer: _____ Phone: (____) _____ - _____

Address: _____
Box or Street Number City State Zip Code

On-site Supervisor: _____ Type of License _____ License # _____

Approved Supervisor _____ License # _____

Number of hours worked each month _____

11B. PROFESSIONAL and CLINICAL EXPERIENCE

- List current experience first
- Any job that is part of your supervised experience has to be reported in this application
- Attach a job description for your current experience

Position: _____ Dates: _____

Employer: _____ Phone: (____) _____ - _____

Address: _____
Box or Street Number City State Zip Code

On-site Supervisor: _____ Type of License _____ License # _____

Approved Supervisor _____ License # _____

Number of hours worked each month _____