**Documentation of Paid Patient Care Hours**

Applicant Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Start Date** | **End Date** | **Location** | **# of Hours** | **Description of Duties** |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | | **Total Hours:** |  | |

Click or tap to enter a date.

Student Signature Date

To the Applicant: Please submit this form with your CASPA application. It can be uploaded into CASPA in the documents section of your application.