



UNIVERSITY OF MARYLAND
EASTERN SHORE

SCHOOL of PHARMACY & HEALTH PROFESSIONS

DEPARTMENT of PHYSICIAN ASSISTANT

COMMUNITY SERVICE HOURS VERIFICATION

A complete and signed form should be emailed to Dr. Khaled Hasan within one week after volunteering in a community service event in order to document service-learning hours. A separate form must be used for each student. If a student volunteers for multiple events, a separate form must be used for each event.

Section 1: This section should be completed by the student:

I, _____, completed the following:

Number of Volunteer Hours:	____ Healthcare Related ____ Non-Healthcare Related
Brief Description of Your Role:	
Date(s) :	

Section 2: This section should be completed by the Volunteer Coordinator or Supervisor present at the event as indicated on the "Community Service Hours Request" form.

Printed Name:

Signature: _____

Date: _____

_____ Phone Number/Email:

If you have any questions, concerns, or inquiries, please contact Dr. Khaled Hasan, Principal Faculty and UMESPASS advisor.