



Alabama  
AHEC

STATEWIDE PROGRAM

### Experiential Training Hours Log-Sheet Form

(The purpose of this AHEC SELF-REPORTING FORM is to develop more flexibility in the Experiential Training for the AHEC Scholars)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Gender: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

School Name: \_\_\_\_\_

Student Type: \_\_\_\_\_ Health Profession Discipline: \_\_\_\_\_

Name of the Experiential Training Site: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preceptor(s)/Supervisor's Name: \_\_\_\_\_ Supervisor's Credential: \_\_\_\_\_

Preceptor's Email: \_\_\_\_\_ Preceptor's Number: \_\_\_\_\_

| Name of the Trainings                                    | Dates | Starting Time | Ending Time           | Hours Completed |
|--|-------|---------------|-----------------------|-----------------|
|  |       |               |                       |                 |
|  |       |               |                       |                 |
|  |       |               |                       |                 |
|  |       |               |                       |                 |
|  |       |               |                       |                 |
|  |       |               |                       |                 |
|  |       |               |                       |                 |
|  |       |               |                       |                 |
| <b>Total Hours Completed:</b>                            |       |               |                       |                 |
| <b>Approved By (To be completed by AHEC Staff Only):</b> |       |               | <b>Date Approved:</b> |                 |

By signing below, I am attesting that I completed \_\_\_\_\_ hours of experiential training in the aforementioned site/sites to fulfill the requirements for the Alabama AHEC Scholars Program.

\_\_\_\_\_  
**Student's Signature & Date**

\_\_\_\_\_  
**Supervisor's Signature & Date**