



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
Total Hours Completed:				
Approved By (To be completed by AHEC Staff Only):			Date Approved:	

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

Demographic information for this form is provided voluntarily. AHEC is required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form