

## CLINICAL AND/OR TECHNOLOGICAL MEDICAL EXPERIENCE

APPLICANT: Please list 3 years of clinical or technological medical experience, or both. Copy this page if additional space is needed.

<b>A. NAME OF BUSINESS OR INSTITUTION:</b>	<b>JOB TITLE</b>	
ADDRESS:      STREET NUMBER      STREET NAME	CITY      STATE	ZIP CODE
SUPERVISOR'S NAME:		<b>DESCRIPTION OF DUTIES PERFORMED</b>
DATE OF EMPLOYMENT/ATTENDANCE:  FROM: ____/____/____ M    DAY    YEAR  TO:    ____/____/____ M    DAY    YEAR	TYPE OF EXPERIENCE:  ____ Clinical (DIRECT PATIENT CARE) ____ Technological (MEDICAL)  TYPE OF EMPLOYMENT: ____FULL-TIME    ____PART-TIME	
<b>B. NAME OF BUSINESS OR INSTITUTION:</b>	<b>JOB TITLE</b>	
ADDRESS:      STREET NUMBER      STREET NAME	CITY      STATE	ZIP CODE
SUPERVISOR'S NAME:		<b>DESCRIPTION OF DUTIES PERFORMED</b>
DATE OF EMPLOYMENT/ATTENDANCE:  FROM: ____/____/____ MM    DAY    YEAR  TO:    ____/____/____ MM    DAY    YEAR	TYPE OF EXPERIENCE:  ____ Clinical (DIRECT PATIENT CARE) ____ Technological (MEDICAL)  TYPE OF EMPLOYMENT: ____FULL-TIME    ____PART-TIME	
<b>C. NAME OF BUSINESS OR INSTITUTION:</b>	<b>JOB TITLE</b>	
ADDRESS:      STREET NUMBER      STREET NAME	CITY      STATE	ZIP CODE
SUPERVISOR'S NAME:		<b>DESCRIPTION OF DUTIES PERFORMED</b>
DATE OF EMPLOYMENT/ATTENDANCE:  FROM: ____/____/____ MM    DAY    YEAR  TO:    ____/____/____ MM    DAY    YEAR	TYPE OF EXPERIENCE:  ____ Clinical (DIRECT PATIENT CARE) ____ Technological (MEDICAL)  TYPE OF EMPLOYMENT: ____FULL-TIME    ____PART-TIME	