

**Part I: To be Completed by the Applicant**Applicant Name: \_\_\_\_\_ PCC ID: **G0** \_\_\_\_\_Applicants can earn points in **one** of the following categories which best represents their healthcare experience (see page 6 of the [Admissions Guide](#) for details):**Category 1: Hands-on patient work in a (inpatient) hospital or long-term care facility.**

- 25pts:** 1,000 or more hours
- 23pts:** 500-999 hours
- 21pts:** 200-499 hours
- 15pts:** 100-199 hours

**Category 2: Non-hospital (outpatient) medical setting with limited hands-on or indirect patient contact.**

- 20pts:** 1,000 or more hours
- 18pts:** 500-999 hours
- 16pts:** 200-499 hours
- 10pts:** 100-199 hours

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II: To be Completed by the Supervisor**

Name of Company/Facility &amp; Address: \_\_\_\_\_

Applicant's Position Title: \_\_\_\_\_

Is this position paid or unpaid employment? Paid  Unpaid  Is a certification required? Yes  No 

If yes, please specify certification type: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Total number of hours completed though **March 22, 2026**: \_\_\_\_\_**Please attach a current position description.**

Note: If the applicant's supervisor is unable to complete this document, an HR representative or other management staff may verify the applicant's healthcare experience. Contact information will only be used to verify information provided on this document.

Supervisor Name &amp; Title: \_\_\_\_\_

Supervisor E-mail Address: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**This signed form must be uploaded to the documents section in the AHCAS application.**