PCC Radiography Program
Healthcare Experience Form - Part I

Part I: To be completed by the applicant

Applicant Name: _____ **PCC ID: G0**_____

Please list **ANY** hospital, clinic, or healthcare setting where you have volunteered and/or worked at in the past.

Hospital/Clinic/Healthcare Setting	Department	Dates

Please check **ONE** of the following that best describes your health care experience:

- ❒ I have a minimum 300 hours **paid work** experience as a Radiography aide, Radiography transporter, or Radiography assistant. My experience has been in an in-patient imaging department with demonstrated patient contact.
- ❒ I have a healthcare certification **and** I have obtained a minimum of 200 hours of post-certification care.
- ❒ I have a minimum of 100 hours of work **or** volunteer experience in a medical setting with demonstrated patient contact.
- ❒ I have less than 100 hours of work or volunteer experience in a medical setting or no experience.

Required Documentation for Healthcare Experience Points

Healthcare experience documentation must be uploaded with the application and received no later than April 15, 2024 at 8:59 p.m. PST. If you have questions regarding this form, please contact a Healthcare and Emergency Profession (HEP) Pathway Advisor. Healthcare experience must be completed by March 24, 2024. Healthcare experience completed after March 24, 2024 will not be considered. Points will not be awarded if forms are incomplete and/or if documentation is missing.

Submit the following documentation:

- Completed *Healthcare Experience Documentation Form Part II* (next page), signed by supervisor or Human Resources representative documenting number of patient contact hours completed prior to March 24, 2024.
- Copy of position description or detailed written description on the following page.
- IF APPLICABLE (Required ONLY for applicants that may be eligible to receive points for experience WITH certification): Copy of state or national license with original date of issue (must be issued on or prior to March 24, 2024). A copy of the certification card or printed verification from state board website are both acceptable. Certificates of training completion, diplomas, or transcripts from health care training programs are **NOT** acceptable forms of documentation.

Signature: _____ **Date:** _____

Both part I and II of this form must be uploaded to the documents section in the AHCAS Application.

Portland Community College

PCC Radiography Program
Healthcare Experience Form - Part II

Part II: To be completed by the Supervisor

Applicant Name: _____

Name of Company/Facility: _____

City and State: _____

Is this position paid employment or volunteer? (Please check one) Full-time □ Part-time □ Volunteer □

Applicant's Position Title: _____

Beginning Date: _____ End Date: _____

Total number of hours completed*: _____ **OR** Average weekly hours completed*: _____

***Only count hours completed through March 24, 2024**

Is a certification required for this position? Yes □ No □

If yes, please specify certification type: _____

Attach a current position description OR provide a detailed description of the position duties in the space below:

_____

_____

_____

_____

_____

_____

_____

The following contact information will only be used to verify information provided on this document.

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.

Supervisor Name: _____

Supervisor Title: _____

Supervisor Telephone Number: _____

Supervisor E-mail Address: _____

Supervisor Signature: _____ **Date:** _____/_____/_____

Both part I and II of this form must be uploaded to the documents section in the AHCAS Application.