



Member of the
STATEWIDE PROGRAM

Education, Healthcare, and Jobs for Alabama

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 Southern Alabama AHEC Scholars Program.

Student's Signature & Date

Supervisor's Signature & Date