

Invasive Cardiovascular Technologist Westside Program

**DOCUMENTATION OF WORK EXPERIENCE (OR OBSERVATION) IN THE
HEALTHCARE FIELD**

Dear Health Care Professional,

The Invasive Cardiovascular Technologist Westside Program, satellite of Spokane Community College, asks that our prospective program students document either their work experience in the healthcare field, or their observation of healthcare professionals working. We want to evaluate prospective students' understanding and appreciation of what it means to be a healthcare professional, as our goal is for students accepted into the program to be well-informed about their chosen career path. We request your assistance in documenting the work experience or observation of this student at your workplace.

Please fill in the information requested below and sign. We appreciate your assistance.

Program Applicant Name: _____

Organization Name and Address: _____

The applicant completed a _____ paid work experience
_____ work observation

Estimated time length (hours/weeks/months) of work experience or observation: _____

Describe Applicant's experience/observation: _____

Other Comments: _____

Healthcare Professional's Name and Title: _____
(Supervisor or Manager preferred)

Signature: _____

Date: _____

Phone Number: _____