

Part I: To be Completed by the ApplicantApplicant 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 & 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 & Title: _____

Supervisor E-mail Address: _____

Supervisor Signature: _____ Date: ____/____/____

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