

## Direct Patient Care Documentation

Applicant/Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization, Position & Contact Information	Date(s)	# of Hours

Please submit completed form to [graduate@brescia.edu](mailto:graduate@brescia.edu) prior to your interview. If you have additional hours to submit after your interview, please email form to [graduate@brescia.edu](mailto:graduate@brescia.edu).

By providing your handwritten signature below you hereby verify that the above information is true and accurate and subject to verification:

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*(Signature of Student)*