



Professional Development Activities Form 2018 Cycle

Applicant Name: _____ C #: _____
Last First Middle Initial

Please be sure all information is detailed and accurate. Include information pertinent to undergraduate years only.

A) SHADOW PARTICIPATION

1) Name of Health Care Provider/Supervisor, Title, Name of Institution/Organization, Location (City, State):

a) Dates (Month/Year, Start-End): _____ Total Number of Hours: _____

b) Hours per week of participation: _____

c) Description of shadowing role:

2) Name of Health Care Provider/Supervisor, Title, Name of Institution/Organization, Location (City, State):

a) Dates (Month/Year, Start-End): _____ Total Number of Hours: _____

b) Hours per week of participation: _____

c) Description of shadowing role:

3) Name of Health Care Provider/Supervisor, Title, Name of Institution/Organization, Location (City, State):

a) Dates (Month/Year, Start-End): _____ Total Number of Hours: _____

b) Hours per week of participation: _____

c) Description of shadowing role:

4) Name of Health Care Provider/Supervisor, Title, Name of Institution/Organization, Location (City, State):

a) Dates (Month/Year, Start-End): _____ Total Number of Hours: _____

b) Hours per week of participation: _____

c) Description of shadowing role:

B) RESEARCH PARTICIPATION

1) Name of Research Faculty/Mentor, Title, Name of Institution/Organization, Location (City, State):

a) Dates (Month/Year, Start-End): _____ **Total Number of Hours:** _____

b) Hours per week of participation: _____

c) Description of research role:

2) Name of Research Faculty/Mentor, Title, Name of Institution/Organization, Location (City, State):

a) Dates (Month/Year, Start-End): _____ **Total Number of Hours:** _____

b) Hours per week of participation: _____

c) Description of research role:

C) LEADERSHIP, VOLUNTEER, COMMUNITY SERVICE

1) Service Project Name and Location, Name of Institution/Organization, Location (City, State):

a) Dates (Month/Year, Start-End): _____ **Total Number of Hours:** _____

b) Hours per week of participation: _____

c) Description of role:

2) Service Project Name and Location, Name of Institution/Organization, Location (City, State):

a) Dates (Month/Year, Start-End): _____ **Total Number of Hours:** _____

b) Hours per week of participation: _____

c) Description of role:

3) Service Project Name and Location, Name of Institution/Organization, Location (City, State):

a) Dates (Month/Year, Start-End): _____ **Total Number of Hours:** _____

b) Hours per week of participation: _____

c) Description of role:

