## **Example: Pre-professional Experiential Learning Log**

	Н	lealth Care Ex	kperiences ([	Direct patient contact, voluntee	er, shadow experiences)
Date(s)	Avg. hrs/wk	Total hrs	Location	Contact (name, title, email, phone)	Description of Experience (include what you gained from this experience.)
			Vol	unteer and Service Experiences	S
Date(s)	Avg.	Total hrs	Location	Contact (name, title, email,	Description of Experience (include what
Date(s)	hrs/wk	TOTALLIS	LOCATION	phone)	you gained from this experience.)
				Research Experiences	
Date(s)	Avg. hrs/wk	Total hrs	Location	Contact (name, title, email, phone)	Description of Experience (include what you gained from this experience.)
				phoney	you gamed from this experiencely
				Work Experiences	
Date(s)	Avg. hrs/wk	Total hrs	Location	Contact (name, title, email, phone)	Description of Experience (include what you gained from this experience.)
					_
			Other	Experiences, Honors, and Awa	
Date(s)	Experience type			Contact (name, title, email, phone)	Description of Experience (include what you gained from this experience.)