

Attestation for Practical Clinical Experience for  
Prior Learning Assessment in HPR-180

This is to verify that \_\_\_\_\_ (student's name) worked as  
a volunteer/employee a registered or licensed healthcare professional under my  
supervision or direction for at least 120 hours from dates \_\_\_\_\_ to \_\_\_\_\_.

Student signature: \_\_\_\_\_ date \_\_\_\_\_

Supervisor/Coordinator: \_\_\_\_\_ date \_\_\_\_\_