

## REHABILITATION HANDS-ON EXPERIENCE

Minimum of 100 Hours Required

Applicant Name:	Total Number of Hours Completed:
Address:	
City Zip:	
Phone:	

Date of Activity	# of Hours	Species	Description of care and/or treatment involved:	Name & Daytime Phone Number of each person you trained under

Date of Activity	# of Hours	Species	Description of care and/or treatment involved:	Name & Daytime Phone Number of each person you trained under