

Syracuse University

College of Arts & Sciences

PRE-HEALTH ENGAGEMENT CERTIFICATE – VOLUNTEER LOG

Please print:

Name _____

SUID _____ Email _____

Directions: List all healthcare related experiences including facility name, date(s) of experience(s), total number of hours, and supervisor signature.

	Facility Name	Date(s)	Total Hours	Supervisor Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				