Dear Health Care Professional,

The Invasive Cardiovascular Technologist Westside Program, satellite of Spokane Community College, asks that our prospective program students document either their work experience in the healthcare field, or their observation of healthcare professionals working. We want to evaluate prospective students’ understanding and appreciation of what it means to be a healthcare professional, as our goal is for students accepted into the program to be well-informed about their chosen career path. This information will be used by healthcare organizations to decide if they want to sponsor this student in the program. We request your assistance in documenting the work experience or observation of this student at your workplace.

Please fill in the information requested below and sign. We appreciate your assistance.

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Program Applicant Name: ________________________________________________________________
Organization Name and Address: _________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
The applicant completed a ____ paid work experience
                                                  _____ work observation
Estimated time length (hours/weeks/months) of work experience or observation: _________________________
Describe Applicant’s experience/observation: _______________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Other Comments: ____________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Healthcare Professional’s Name and Title: _______________________________________________________
(Supervisor or Manager preferred)
Signature: _________________________________________________________________________________
Date: _____________________________________________________________________________________
Phone Number: ____________________________________________________________________________