**WORK AND ACTIVITEIS LIST—CASPA TEMPLATE**

**Your Name:**

Note: for definitions of experience types, visit the online [CASPA Applicant Help Center](https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Filling_Out_Your_CASPA_Application/3._CASPA_Supporting_Information/2_Experiences)

EXPERIENCE 1

Experience Name:

Organization Name:

Location (City/Town, State, Country):

Experience Type (highlight or underline one)

|  |  |
| --- | --- |
| * *Non-Healthcare Employment*
* *Research*
* *Volunteer*
* *Patient Care Experience*
* *Healthcare Experience*
 | * *Shadowing*
* *Leadership Experience*
* *Extracurricular Activities*
* *Teaching Experience*
 |

Experience Start/End Dates:

Supervisor

Total Hours:

Description (limited to 600 characters with spaces):

EXPERIENCE 2

Experience Name:

Organization Name:

Location (City/Town, State, Country):

Experience Type (highlight or underline one)

|  |  |
| --- | --- |
| * *Non-Healthcare Employment*
* *Research*
* *Volunteer*
* *Patient Care Experience*
* *Healthcare Experience*
 | * *Shadowing*
* *Leadership Experience*
* *Extracurricular Activities*
* *Teaching Experience*
 |

Experience Start/End Dates:

Supervisor

Total Hours:

Description (limited to 600 characters with spaces):

EXPERIENCE 3

Experience Name:

Organization Name:

Location (City/Town, State, Country):

Experience Type (highlight or underline one)

|  |  |
| --- | --- |
| * *Non-Healthcare Employment*
* *Research*
* *Volunteer*
* *Patient Care Experience*
* *Healthcare Experience*
 | * *Shadowing*
* *Leadership Experience*
* *Extracurricular Activities*
* *Teaching Experience*
 |

Experience Start/End Dates:

Supervisor

Total Hours:

Description (limited to 600 characters with spaces):

EXPERIENCE 4

Experience Name:

Organization Name:

Location (City/Town, State, Country):

Experience Type (highlight or underline one)

|  |  |
| --- | --- |
| * *Non-Healthcare Employment*
* *Research*
* *Volunteer*
* *Patient Care Experience*
* *Healthcare Experience*
 | * *Shadowing*
* *Leadership Experience*
* *Extracurricular Activities*
* *Teaching Experience*
 |

Experience Start/End Dates:

Supervisor

Total Hours:

Description (limited to 600 characters with spaces):

EXPERIENCE 5

Experience Name:

Organization Name:

Location (City/Town, State, Country):

Experience Type (highlight or underline one)

|  |  |
| --- | --- |
| * *Non-Healthcare Employment*
* *Research*
* *Volunteer*
* *Patient Care Experience*
* *Healthcare Experience*
 | * *Shadowing*
* *Leadership Experience*
* *Extracurricular Activities*
* *Teaching Experience*
 |

Experience Start/End Dates:

Supervisor

Total Hours:

Description (limited to 600 characters with spaces):

EXPERIENCE 6

Experience Name:

Organization Name:

Location (City/Town, State, Country):

Experience Type (highlight or underline one)

|  |  |
| --- | --- |
| * *Non-Healthcare Employment*
* *Research*
* *Volunteer*
* *Patient Care Experience*
* *Healthcare Experience*
 | * *Shadowing*
* *Leadership Experience*
* *Extracurricular Activities*
* *Teaching Experience*
 |

Experience Start/End Dates:

Supervisor

Total Hours:

Description (limited to 600 characters with spaces):

EXPERIENCE 7

Experience Name:

Organization Name:

Location (City/Town, State, Country):

Experience Type (highlight or underline one)

|  |  |
| --- | --- |
| * *Non-Healthcare Employment*
* *Research*
* *Volunteer*
* *Patient Care Experience*
* *Healthcare Experience*
 | * *Shadowing*
* *Leadership Experience*
* *Extracurricular Activities*
* *Teaching Experience*
 |

Experience Start/End Dates:

Supervisor

Total Hours:

Description (limited to 600 characters with spaces):

EXPERIENCE 8

Experience Name:

Organization Name:

Location (City/Town, State, Country):

Experience Type (highlight or underline one)

|  |  |
| --- | --- |
| * *Non-Healthcare Employment*
* *Research*
* *Volunteer*
* *Patient Care Experience*
* *Healthcare Experience*
 | * *Shadowing*
* *Leadership Experience*
* *Extracurricular Activities*
* *Teaching Experience*
 |

Experience Start/End Dates:

Supervisor

Total Hours:

Description (limited to 600 characters with spaces):

EXPERIENCE 9

Experience Name:

Organization Name:

Location (City/Town, State, Country):

Experience Type (highlight or underline one)

|  |  |
| --- | --- |
| * *Non-Healthcare Employment*
* *Research*
* *Volunteer*
* *Patient Care Experience*
* *Healthcare Experience*
 | * *Shadowing*
* *Leadership Experience*
* *Extracurricular Activities*
* *Teaching Experience*
 |

Experience Start/End Dates:

Supervisor

Total Hours:

Description (limited to 600 characters with spaces):

EXPERIENCE 10

Experience Name:

Organization Name:

Location (City/Town, State, Country):

Experience Type (highlight or underline one)

|  |  |
| --- | --- |
| * *Non-Healthcare Employment*
* *Research*
* *Volunteer*
* *Patient Care Experience*
* *Healthcare Experience*
 | * *Shadowing*
* *Leadership Experience*
* *Extracurricular Activities*
* *Teaching Experience*
 |

Experience Start/End Dates:

Supervisor

Total Hours:

Description (limited to 600 characters with spaces):

EXPERIENCE 11

Experience Name:

Organization Name:

Location (City/Town, State, Country):

Experience Type (highlight or underline one)

|  |  |
| --- | --- |
| * *Non-Healthcare Employment*
* *Research*
* *Volunteer*
* *Patient Care Experience*
* *Healthcare Experience*
 | * *Shadowing*
* *Leadership Experience*
* *Extracurricular Activities*
* *Teaching Experience*
 |

Experience Start/End Dates:

Supervisor

Total Hours:

Description (limited to 600 characters with spaces:

EXPERIENCE 12

Experience Name:

Organization Name:

Location (City/Town, State, Country):

Experience Type (highlight or underline one)

|  |  |
| --- | --- |
| * *Non-Healthcare Employment*
* *Research*
* *Volunteer*
* *Patient Care Experience*
* *Healthcare Experience*
 | * *Shadowing*
* *Leadership Experience*
* *Extracurricular Activities*
* *Teaching Experience*
 |

Experience Start/End Dates:

Supervisor

Total Hours:

Description (limited to 600 characters with spaces):

EXPERIENCE 13

Experience Name:

Organization Name:

Location (City/Town, State, Country):

Experience Type (highlight or underline one)

|  |  |
| --- | --- |
| * *Non-Healthcare Employment*
* *Research*
* *Volunteer*
* *Patient Care Experience*
* *Healthcare Experience*
 | * *Shadowing*
* *Leadership Experience*
* *Extracurricular Activities*
* *Teaching Experience*
 |

Experience Start/End Dates:

Supervisor

Total Hours:

Description (limited to 600 characters with spaces):

EXPERIENCE 14

Experience Name:

Organization Name:

Location (City/Town, State, Country):

Experience Type (highlight or underline one)

|  |  |
| --- | --- |
| * *Non-Healthcare Employment*
* *Research*
* *Volunteer*
* *Patient Care Experience*
* *Healthcare Experience*
 | * *Shadowing*
* *Leadership Experience*
* *Extracurricular Activities*
* *Teaching Experience*
 |

Experience Start/End Dates:

Supervisor

Total Hours:

Description (limited to 600 characters with spaces):

EXPERIENCE 15

Experience Name:

Organization Name:

Location (City/Town, State, Country):

Experience Type (highlight or underline one)

|  |  |
| --- | --- |
| * *Non-Healthcare Employment*
* *Research*
* *Volunteer*
* *Patient Care Experience*
* *Healthcare Experience*
 | * *Shadowing*
* *Leadership Experience*
* *Extracurricular Activities*
* *Teaching Experience*
 |

Experience Start/End Dates:

Supervisor

Total Hours:

Description (limited to 600 characters with spaces):