**CWMP Medical Hours**

**Coversheet**



Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade Level: 9th  10th 11th 12th

(circle one)

**TOTAL** **Historical MEDICAL HOURS**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach all completed medical volunteer hour logs)

I attest I completed these hours and they were completed in an approved medical setting.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_