



Administration

Evelyn G. Robert
BSN, RN, CLCP, MSCC
Executive Director

V. Robert May III, Rh.D.
Chief Executive Officer

Clinical Experience Documentation

This form is to be used to document the Certified Geriatric Care Manager (CGCM) candidate's clinical hours. All hours are based on clock hours of 60 minutes excluding breaks. Remember, confidentiality is of the essence, so be sure to exclude any identifying information of persons involved other than your supervisor.

Clinical Facility: _____

Supervising Clinician/Health Care Professional: _____

Supervisor's Title: _____

Candidate's Name: _____

Candidate's Clinical Title for this Clinical Experience: _____

Assigned Duties: _____

Please detail your previous 50-hours of clinical experience using the back of this page and/or through additional pages. Be sure to have your clinical supervisor sign this form attesting to the fact that the information contained on this form is an accurate representation of your prior 50 hours of clinical experience in geriatric care management.

I have reviewed the candidate's summary of her 50 hours of experience under my supervision and I confirm that all information contained herein is true.

Clinical Supervisor Signature

Date