

# PRACTICE HISTORY

**Instructions:** Please list the facility, home health agency, etc., its location (city & state), and the dates that you practiced at that facility in chronological order beginning with your last practice site. **If there are time gaps in your employment history, please provide an explanation.** A resume' may be attached if the information needed to complete this history is on the resume'. This sheet may be copied if additional space is needed.

FACILITY	LOCATION	DATES
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		