

COMMUNITY EXPERIENCE PROJECT DOCUMENTATION FORM

Paper is to be typewritten, double spaced, and written using American Psychological Association (APA) manual guidelines.

Content must include the following:

1. Name of the organization
2. Purpose of the organization
3. Population served (type of and disease(s) served)
4. Geographical/environmental issues (describe the facility, physical layout, accessibility, transportation issues if any)
5. Professional services available in this setting
6. Social issues in the lives of the population
7. How does the organization communicate internally and with the larger community
8. **Your CER/CEP is incomplete without the Community Experience Documentation Form!**

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COURSE NURS _____ DATE _____ NUMBER OF HOURS _____ FACULTY NAME _____

Student Name <i>Please Print</i>	Location of Community Experience	Date	Hours	Signature of Student	Agency Representative

STUDENT SIGNATURE: _____ DATE: _____

FACULTY SIGNATURE _____ DATE: _____

Please submit this original attached to the Course Roster for the Date listed above.