

**INSTRUCTIONS FOR AHEC SCHOLARS
ENTERING CLINICAL (EXPERIENTIAL) HOURS**



AHEC
SCHOLARS

AHEC Scholars Entering Clinical (Experiential) Hours Verification

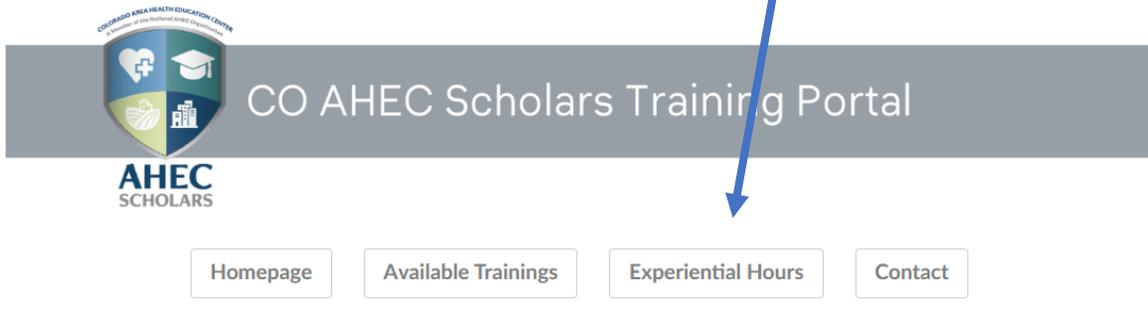
Please complete the following and have your instructor sign and date to verify clinical hours. You will be required to upload this information in electronic format in the AHEC Scholars Course.

Name of Clinical Site:	Full Address and Phone Number of Clinical Site:
Clinical Site Setting (Choose all that apply) <input type="checkbox"/> Medically Underserved Community <input type="checkbox"/> Primary Care Setting <input type="checkbox"/> Rural Area <input type="checkbox"/> None of the Above	<input type="checkbox"/> Type of Clinical Site (Choose all that apply) <input type="checkbox"/> Academic Institution <input type="checkbox"/> Assisted living community <input type="checkbox"/> Community-Based Care Programs/Organization <input type="checkbox"/> Day and Home Care Programs <input type="checkbox"/> Geriatric Behavioral or Mental Health Unit <input type="checkbox"/> Hospital <input type="checkbox"/> Local Health Department <input type="checkbox"/> Nursing Home <input type="checkbox"/> Community Health Center <input type="checkbox"/> Ambulatory Practice Sites <input type="checkbox"/> Community Mental Health Center <input type="checkbox"/> ER <input type="checkbox"/> VA Healthcare <input type="checkbox"/> Specialty Clinic <input type="checkbox"/> Non-Profit/Nongovernmental Organization <input type="checkbox"/> Long-Term Care Facility <input type="checkbox"/> Mobile Clinic/Site <input type="checkbox"/> Senior Center <input type="checkbox"/> Residential Living Facility <input type="checkbox"/> Other: _____
Number of Clinical (Experiential) Hours:	Dates when Clinical (Experiential) Hours Complete: <i>Note: List as Month/Day/Year</i>
Number of Interprofessional Hours Completed: <i>Note: These will be the same as Clinical Hours</i>	Faculty/Instructor Signature: <hr style="border: 0.5px solid black;"/>

Entering Clinical (Experiential) Hours in the AHEC Scholars Course

From the home page – Select Experiential Hours

AHEC Scholars Training Portal



From the Experiential Hours Page – Select Y1. 1st Submission

Uploading Your Experiential Hours

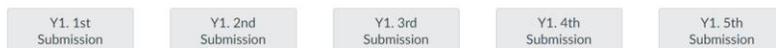
To submit your experiential hours, you will need to upload a letter or multiple letters to this training portal. Your letter needs to be:

- Signed by the supervisor of your approved activity
- Include the date(s) you participated in your approved activity
- Include the time spent on the approved activity

Please have a way to keep track of your hours. You can upload a single letter providing you completed all your hours at one location with the same supervisor, or can upload as many as 5 letters providing proof of your time spent in your approved activity through the year.

- 1 Have the file on your computer and ready to upload. It may be helpful to name the file with your last name. Example Last Name_Experiential_Hours_Y1
- 2 Open the correct submission button for the hours that you would like to upload. All of Year 1's possible uploads are listed below.
- 3 Follow the upload instructions on the submission page.

The buttons below link to the individual uploads for each letter of hours you need to submit for Year 1. When uploading more than one letter, please follow the submission links in numerical order.



Note:

You will be entering 2 submissions:

Responding to Medical Emergencies – 10 hours (Y1. 1st Submission)

Nurse Aide Clinical – 30 hours (Y1. 2nd Submission)

Uploading and Submitting

Have signed document (found on second page of these instructions) ready to answer questions and upload electronically.

Note: you will do this twice for Responding to Emergencies and Nurse Aide Clinical

Begin Quiz

Uploading and Submitting Experiential Hours

- 1 Read through all the instructions first.
- 2 Have your scan or screenshot of your experiential hours letter ready to upload.
- 3 You will also need to submit information about your site (even if the information is listed on your letter) Please have the following available while you have the "survey" open.
 - Name of site
 - Site address (street, city, state, zip code will be filled in individually)
 - Site's phone number
 - Site setting
 - Type of Site (choose from a list)
 - Number of hours completed
 - Dates you were at the site
 - Number of interprofessional hours at the site
- 4 Click on the **Take the Quiz** button at the bottom of this screen to start your submission.
- 5 For the letter upload (last question) you will need to click on the "Choose File" option to search your computer's files and select your letter to upload.
- 6 Click on the **Submit Quiz** button at the bottom of the page to fully save your information.
- 7 Your regional coordinator will review your upload and if accepted, will give you credit for your hours.

If you have not uploaded the correct document, if there is an issue seeing your upload, or if information needs to be corrected, please email support_meh@ucdenver.edu.

We highly recommend keeping copies of your submissions in case a back up copy is needed.

Return Quiz

This quiz will ask you 13 questions which can be answered using the AHEC Scholars Entering Clinical (Experiential) Hours Verification form from page 2. The final question will ask you to upload your "signed letter" which is your Verification Form.

You will do this process twice – once for Responding to Medical Emergencies and second for your NA Clinical Hours.

Please contact me if you have any questions or problems!

Erika (970) 324-3018 or egreenberg@cahec.org