

Los Angeles County + University of Southern California Medical Center
ATTENDING STAFF ASSOCIATION

FIVE YEAR WORK HISTORY
TRACKING

NAME OF PRACTITIONER: _____

SPECIALTY: _____

List work history in reverse order, starting with the present.

Provide chronological listing of all work history beginning with completion of training. . If you have practiced fewer than five years from the date of credentialing, the history begins with initial licensure. Please include the beginning and ending month and year for each work experience.

Provide detailed explanation of any gaps exceeding one (1) month.

WORK HISTORY	WORK PERIOD:
_____ Name of Organization, Hospital or Office Practice	From: _____ To: _____ MM/YYYY MM/YYYY
_____ Name of Organization, Hospital or Office Practice	From: _____ To: _____ MM/YYYY MM/YYYY
_____ Name of Organization, Hospital or Office Practice	From: _____ To: _____ MM/YYYY MM/YYYY
_____ Name of Organization, Hospital or Office Practice	From: _____ To: _____ MM/YYYY MM/YYYY
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_____ Name of Organization, Hospital or Office Practice	From: _____ To: _____ MM/YYYY MM/YYYY

ADD ADDITIONAL SHEETS IF NECESSARY

Reviewed by (Initials): _____

Date Reviewed: _____