

Name: _____

SCHEDULE 1 - NON-CLINICAL PRACTICE EXPERIENCE

Please indicate your non-clinical practice experience within the last year.

Name of employer, educational institution or professional organization	Country or Province	Employment status (if applicable)	Description of Non-clinical Practice	Hours	Dates	Contact person(s)	Telephone/email address
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Key:

Employment status	Description of Non-clinical practice
E employee	R research
IC independent contractor	E education
S student	C consultation
	M management/administration
	P policy/regulations/systems development