



**Department of Nursing**  
**Work Experience Verification Form**  
**Registered Nursing Program**

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This form is used to verify documented work experience for applicants seeking to substitute the Introduction to Practical Nursing (2 credits) course for CNA certification to gain admission into the Registered Nursing program.

**Applicant Information**

Student Name: \_\_\_\_\_ Student ID (if available): \_\_\_\_\_

Program Applying To: Registered Nursing

Credential Held:  Licensed Paramedic  Certified Medical Assistant

Credential Number (if applicable): \_\_\_\_\_ State of Licensure/Certification: \_\_\_\_\_

**Employment Information**

Employer Name: \_\_\_\_\_

Facility/Organization Type: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor/HR Representative Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Employment Verification**

Job Title Held: \_\_\_\_\_

Dates of Employment: Start: \_\_\_\_\_ End: \_\_\_\_\_  Currently Employed

Average Hours Worked Per Week: \_\_\_\_\_

Total Hours Worked: \_\_\_\_\_

I verify the applicant has completed a minimum of 1,000 hours of work experience within the previous three (3) years.

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**Role Confirmation**

Did the applicant's role include direct patient care responsibilities relevant to entry-level nursing practice?

Yes    No

If yes, briefly describe typical duties performed:

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**Employer Attestation**

I certify that the information provided above is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Submission Instructions**

- This form must be completed by an employer or Human Resources representative.
- Forms should be submitted directly to the Department of Nursing
- Submission of this form does not guarantee approval. All documentation is subject to review by the Department of Nursing.