



Department of Nursing Work Experience Verification Form

This form is used to verify documented work experience for applicants seeking to gain admission into either the Registered Nursing or Practical Nursing programs. There are two (2) pages to this form. Page two must be signed by the student's employer.

Applicant Information

Student Name: _____ Student ID (if available): _____

Program of Interest: Registered Nursing Practical Nursing

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.

Role Confirmation

Did the applicant's role include CNA 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 uploaded with application.
- Submission of this form does not guarantee approval. All documentation is subject to review by the Department of Nursing.

