

Registered Nursing Program Verification of Work/Volunteer Experience

Instructions to Applicant

Have this form completed by your employer/supervisor or human resources representative. Submit the sealed envelope with your completed application packets.

Instructions to Person Completing Form

Form must be put in a sealed envelope and signed across the flap. Return to applicant to submit with application. Faxed copies will not be accepted.

Applicant with current or recent work/volunteer experience in the healthcare field involving patient, family, or nurse contact may earn points to be applied to their ranked scores if experience is within the last **2 years** and is documented on this form. A minimum of **50 hours** is required for each site; a maximum of **TWO** sites is allowed. A separate verification form must be completed for each site.

Applicant's Name	
Place of Employment	

Dates of Employment	Total Hours Worked
Paid [] or Volunteer []	

Please check skills performed by named applicant.

Do not attach a formal job description or copies of employee evaluations.

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Wound/skin care | <input type="checkbox"/> Ambulating/positioning | <input type="checkbox"/> Vital signs |
| <input type="checkbox"/> Peri-care/toileting | <input type="checkbox"/> Feeding | |

Other (please describe): _____

Person Completing Verification Form

Name (Printed) and Title (Printed)

Telephone Number (**Required**)

Signature

Date