

## Registered Nursing Program Verification of Work/Volunteer Experience

**\*\*\*\*\* EFFECTIVE WINTER ENTRY 2020, \*\*\*\*\***

**\*\*\*\*\* WORK/VOLUNTEER EXPERIENCE CANNOT BE MORE THAN 2 YEARS OLD \*\*\*\*\***

**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 10 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.

<b>Applicant's Name</b>	
<b>Place of Employment</b>	

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