

CERTIFICATION OF HEALTH CARE EXPERIENCE

(This applies for course work, volunteer, or paid work experience)

Deadline for Fall Admission is Jan. 15th and Spring Admission is August 31st

Instructions to the applicant: This form is OPTIONAL and is not required to be considered for admission to the Nursing degree program. If you qualify, submit this form with your application for the additional admission points.

SECTION I

Student completes this section

Applicant name:	Student #:
Position title:	# of hours worked: _____
Description of duties:	Start date: _____
	End date: _____

SECTION II THE PERSON COMPLETING THIS CERTIFICATION MUST BE THE DIRECT SUPERVISOR OR EDUCATOR:

Facility Name: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

() _____

PHONE # _____

I verify the accuracy of the information above

Supervisor/Educator: _____
Print Name Signature Date

***PLEASE COMPLETE A SEPARATE FORM FOR EACH HEALTHCARE EXPERIENCE YOU WOULD LIKE CONSIDERED FOR CREDIT.