

Name \_\_\_\_\_

I have healthcare experience Yes No

### CERTIFICATION OF HEALTH CARE EXPERIENCE

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

Deadline for Fall Admission is Jan. 15<sup>th</sup> and Spring Admission is August 31<sup>st</sup>

*Instructions to the applicant: This form is REQUIRED for a completed application whether you have healthcare experience or not. Healthcare experience is not required to be considered for admission to the Nursing degree program.*

#### SECTION I

**Student completes this section**

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

#### 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.