

Employer Verification Form – RN/LVN

Last Name *First* *MI*

Last four digits of Social Security Number

Signature

Instructions:

Verification of employment as a nurse **with a recognized accredited university-operated hospital** can be documented on this form. Use a separate line for each year of employment. Use a separate form for each employer. **Signature below and a verification letter on institution letterhead must accompany completed form when returned.**

Full Time (✓)	Part Time (✓)	# Hours/Week or # Days/Year	Position Held	Start Date	End Date	Name & Address of Organization	Accredited University

I have reviewed the experience represented herein and approve it for credit for the nurse noted above. **Verification letter on institution letterhead attached.**

 Date

 Authorized Signature

(For experience to be considered for the current year salary placement, this form MUST be received in Human Resources no later than your last work day of the current school year.)