



ASSOCIATE DEGREE REGISTERED NURSING PROGRAM Work or Volunteer Experience in Healthcare Verification

Applicant Instructions: write legibly (illegible forms will not be accepted)

1. Complete sections A and B.
2. Ask your employer/volunteer coordinator to complete section C and return this form and their cover letter to you on company letterhead.
3. Make a copy of the front and back of your **active** license or certification and staple copy to this form.
4. Submit this form, copy of license/certification, and employer letter with your application.

A. Applicant Information			
Name:	<i>first</i>	<i>middle</i>	<i>last</i>
Address:	<i>number & Street</i>	<i>city</i>	<i>State zip code</i>
Contact Information:	<i>primary phone number</i>	<i>secondary phone number</i>	<i>my.whccd.edu email address</i>
	()	()	@my.whccd.edu
B. Employer or Volunteer Facility Information			
Employer/Volunteer Facility Name:			
Type of Health Care Facility:			
Name & Title of Supervisor:			
Address:	<i>number & Street</i>	<i>city</i>	<i>State zip code</i>
Contact Information:	<i>primary phone number</i>	<i>secondary phone number</i>	<i>email address</i>
	()	()	
C. Employer or Volunteer Coordinator- Please Complete This Section:			
Position held by applicant:			
Dates of Employment: <i>Start Date:</i>		<i>End Date:</i>	
() Full Time () Part Time () Paid Work () Volunteer Work		Total number of hours worked per month <input type="text"/>	
() Please attach a cover letter on agency letterhead describing the applicant's work and/or volunteer experience. Return this form and letter to applicant so they can submit with their application. Letter must include the applicant's name, start date and end date, employment status (full-time/part-time/volunteer), number of hours worked per month, and approximate total of hours worked. Include job title, department, and example of duties (including patient interaction)			
Name and title of person completing Section C		Signature	Date

