

Oregon Coast Community College Nursing Application

Work Verification Form

Applicants to the Nursing program at Oregon Coast Community College can gain additional points toward their application from prior or current employment involving **direct patient care as regulated by the Oregon State Board of Nursing for the following:**

- **Certified Nursing Assistant (CNA Level 1 or CNA Level 2)**
- **Licensed Practical Nurse (LPN) scope of practice**

The application process requires verification of paid work experience involving direct patient care. Employers (either Supervisor or Human Resources representative) are asked to verify the applicant's description of job duties and number of hours of patient care using this form.

Instructions:

1. The **applicant** completes the page **one** of the form before sending it to the employer/agency. Copy this form for additional employers.
2. The **employer/agency** completes **page two** and returns form to applicant in a **sealed envelope**.
3. The applicant submits this form as part of the completed application (deadline 3/31/2017).

Applicant (complete the following information – please print)

Applicant Name: _____ Position & Job

Title: _____

Name of Facility: _____ Facility Address:

Length of employment: from _____ to _____ Supervisor: _____

Prior Name if applicable _____ Applicant Address:

Have you worked in this position more than 1040 hours in the last 3 years? ____ yes ____

no

I give Oregon Coast Community College permission to verify this information. I acknowledge that any false information I provide will jeopardize my admission to the Nursing Program at OCCC.

Signature: _____ **Date:** _____

EMPLOYER

To be completed by employer (either Supervisor or Human Resources representative).

Your employee is requesting verification from you that he or she has been working as a Certified Nursing Assistant (CNA), Level 1 or Level 2; or as a Licensed Practical Nurse (LPN).

Please complete the following and in doing so verify that this employee has completed 1040 hours within the past three years as per the Oregon State Board of Nursing (OSBN) regulations for certification/licensing as a CNA or LPN

Please return the completed form along with a current position and job description of the applicant IN A SEALED ENVELOPE to the employee who will be submitting it with their complete application by: _____(date) (applicant to fill in date).

Please include a copy of a current job description to which this employee is working or has worked under.

I certify that _____ (employee), has worked _____ hours over the past _____ year(s) as a _____ CNA, _____ CMA, _____ LPN

Supervisor: must be an LPN, RN or MD

Signature: _____ **Title:** _____

(Printed name): _____ **Phone:** _____

Supervisor License Number: _____

I verify the information provided by the applicant to be accurate and true to the best of my knowledge. If applicant added additional detail to description of job duties, I have signed that addendum.

Human Resources Representative:

Signature: _____ **Date:** _____

(Printed name): _____ **Phone:** _____

I verify the information provided by the applicant to be accurate and true to the best of my knowledge. If applicant added additional detail to description of job duties, I have signed that addendum.