**Oregon Coast Community College Nursing Application**

**Work Verification Form - Instructions**

Applicants to the Nursing program at Oregon Coast Community College can gain additional points toward their application from prior or current employment in the following situations:

* **Certified Nursing Assistant (Level 1 or Level 2) (licensed through OSBN)**
* **Certified Medication Aide (CMA) (licensed through OSBN)**
* **Licensed Practical Nurse (LPN) (licensed through OSBN)**
* **Certified Medical Assistants (CMAs) (if nationally certified)**
* **EMT/Paramedic (if nationally certified)**
* **QMHA (if nationally certified)**

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 **two** of the forms before sending it to the employer/agency. Copy this form for additional employers.
2. The **employer/agency** completes **page three** and returns form to applicant in a **sealed envelope**.
3. The applicant submits this form as part of the completed application (**deadline 3/31/2025**) to the nursing department office specialist at: **PLEASE MAIL OR DELIVER THIS FORM IN PERSON**

Oregon Coast Community College Attn: Dr. Crystal Bowman

400 SE College Way Newport, Oregon 97366

**Work Verification Form Page 2**

# EMPLOYER

**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 Oregon Coast Community College.

**Signature: Date:**

**Work Verification Form Page 3**

# EMPLOYER

**To be completed by employer (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, a Certified Medication Aide (CMA), Licensed Practical Nurse (LPN), Certified Medical Assistant (CMA), EMT/Paramedic, or Qualified Mental Health Associate (QMHA).

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 or through a regulatory body for their specific job.

**Please return the completed form** 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 in which this employee is working or has worked under.**

I certify that (employee), has worked hours over the past

 year(s) as a CNA LPN CMA EMT/Paramedic QMHA

**Supervisor:**

**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.*