



NURSING EMPLOYMENT VERIFICATION

Last Name _____ First Name _____

Students may receive up to 20 points on their BSN application for hours worked as a licensed LPN. Other hours utilizing a different license or scope of practice (i.e. NAC, HUC, MA) will not be counted towards the hours of LPN work experience. Points for work experience are as follows: 5 points for 100-500 hours, 10 points for 500-999 hours, 15 points for 1,000-1,999 hours, and 20 points for 2,000+ hours.

To be completed by employer representative in supervisor's role.

Student's Information

Facility Name _____ Employment Dates / / to / /
mm/yyyy mm/yyyy

Hours Worked at Facility as LPN _____ Employee's Position Title _____

Supervisor's Information

Name of Supervisor _____ Supervisor's Title _____

Supervisor's Email _____

Supervisor's Signature _____ Date / /
mm/yyyy

To be completed by employer representative in supervisor's role.

Student's Information

Facility Name _____ Employment Dates / / to / /
mm/yyyy mm/yyyy

Hours Worked at Facility as LPN _____ Employee's Position Title _____

Supervisor's Information

Name of Supervisor _____ Supervisor's Title _____

Supervisor's Email _____

Supervisor's Signature _____ Date / /
mm/yyyy

Non-Discrimination Statement

Green River College does not discriminate on the basis of race, color, real or perceived national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, gender, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. To receive the following information in an alternative format or request disability accommodation at a GRC event, students should contact Disability Support Services at: 253-931-6460; TTY 253-288-3359; or dss@greenriver.edu. Staff and faculty should contact adacoordinator@greenriver.edu. For inquiries regarding nondiscrimination policies, contact Korland Simmons, Title IX Coordinator & Equity Compliance Manager at 417 Ramsay Way, Suite 112, Room 279, Kent, WA 98032; 253-288-3361; or TitleIXcoordinator@greenriver.edu.

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Student's Information

Facility Name _____ Employment Dates to
mm/yyyy mm/yyyy

Hours Worked at Facility as LPN _____ Employee's Position Title _____

Supervisor's Information

Name of Supervisor _____ Supervisor's Title _____

Supervisor's Email _____

Supervisor's Signature _____ Date
mm/yyyy

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mm/yyyy mm/yyyy

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Supervisor's Signature _____ Date
mm/yyyy

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Supervisor's Email _____

Supervisor's Signature _____ Date
mm/yyyy