

Employment Verification Form

Nursing, Licensed Practical Nurse to Registered Nurse (APNURL)



Students applying to the Nursing, LPN to RN program at WCC must verify completion of **2080 hours of employment** in the **last two (2) years** as a **Licensed Practical Nurse or Licensed Vocational Nurse** with **proof of unrestricted licensure**. This form must be completed by your employer. If you have had multiple employers in the past two years, a separate form is required for each.

Submit to: Health & 2nd Tier Admissions Office at healthadmissions@wccnet.edu or [Student Welcome Center](#) (2nd Floor, Student Center).

TO BE COMPLETED BY STUDENT:

Student Name: _____ **Student ID:** _____

Please indicate the year this form is being submitted for:

☐ Spring/Summer Semester – **Program Start Year:** _____

You must verify the following:

- ☐ Completion of 2080 hours of employment as an LPN/LVN within the last 2 years.
- ☐ Unrestricted license. Submit verification of your current LPN/LVN license with no restrictions.

TO BE COMPLETED BY EMPLOYER:

Employer/Organization Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Dates of Employment (mm/dd/yyyy): **From:** _____ **To:** _____

Are you still employed? ☐ Yes ☐ No

The above student **is/was employed for** _____ **hours per week** during the dates listed above.

The above student completed a **cumulative total of** _____ **hours within the last 2 years.**

List key LPN/LVN job duties and services performed below or attach job description:

Supervisor's Name: _____

-Tape business card here-

Job Title: _____

Phone Number: _____ **Date:** _____

***Signature:** _____

***Electronic signatures are valid only if sent from the employer's official email.** Paper forms must have a handwritten signature and include a business card or letterhead for verification.