



School of Nursing

NURSING APPLICATION WORK EXPERIENCE/COMMUNITY SERVICE VERIFICATION FORM
(USE ONE FORM FOR EACH ORGANIZATION/EMPLOYER)

APPLICANT INFORMATION

Name of Applicant:
Mailing Address:
Phone: Email:

ORGANIZATION/EMPLOYER INFORMATION

Name of Organization/Employer:
Address:

WORK EXPERIENCE/COMMUNITY SERVICE ACTIVITY

Start Date of Service: End Date of Service:

(For any break in service, please explain in the description below. For example, if no activities occurred during the summer or school breaks, identify the dates of breaks below)

Healthcare related: YES / NO
Total Hours Completed:
Average hours per week:
Description of Service:

SUPERVISOR INFORMATION

Supervisor Signature: Date:
Print Name: Title:
Phone: Email: