

Applicant Information

Covenant School of Nursing

Full Name: _____

Healthcare Experience Form

DOB: _____

Please use this form **only** if you have healthcare experience or volunteer experience in the healthcare field. Healthcare experience gained through an entity/healthcare provider that meets the definition of a covered entity under HIPAA.

- Examples include: EMT, Paramedic, Medical Assistant, CNA, ER Tech, Physical Therapy Aide, etc.
- Health Care Provider examples: Doctors Office, Clinics, Psychologists, Dentist Office, Chiropractors Office, Nursing Homes and Pharmacies.

Healthcare Experience/Volunteer Experience in Healthcare

Please print clearly.

Company:				Phone:		
Address:				Supervisor:		
Job Title:		From: MM/YYYY		To: MM/YYYY		
Responsibilities:						
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please provide their email address.			

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Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance, I understand that false or misleading information in my application may disqualify my application.

Signature: _____ Date: _____

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