Excelsior College School of Nursing

VERIFICATION OF HEALTH CARE EXPERIENCE FOR ADMISSION TO THE ASSOCIATE DEGREE PROGRAM

All applicants to the associate degree nursing program are required to sign and submit this document as part of the admission process and acknowledge the program is designed for individuals with a current nursing-related health care practice. Supervisor verification is necessary to confirm the applicant:

1. is currently credentialed as an LPN/LVN, a paramedic, or a specific military medical classification;
2. is employed in a setting that requires direct patient care, including performance or opportunity for observation of common nursing psychomotor skills; and
3. has completed at least 200 hours of employment in this practice setting within the calendar year prior to signing this form.

Applicant Information

Name _____ Email _____

Address _____ Phone _____
Street

_____
City State Zip code

Applicant Work Experience

Title of current position _____

Name of organization _____

Address _____
Street

_____
City State Zip Code

Credential (select one):

- ☐ LPN/LVN
- ☐ Paramedic
- ☐ Military (Please specify occupation title)

Hours worked in previous year _____ _____

Brief description of role responsibilities, including patient care:

Applicant signature

By my signature below, I acknowledge I am applying for admission to a program designed for students with nursing related health care experience. I recognize I must be working in at least a minimal capacity during enrollment in order to apply new knowledge to the current health care system.

_____ _____
Signature Date

Supervisor signature

By my signature below, I confirm the above-named applicant has completed at least 200 hours of employment within one year prior to the date below. The information above accurately describes the experience of the applicant within this organization.

_____ _____
Signature Date

_____
Supervisor's name (please print)

_____
Phone number Email

This form expires three (3) months from the date of your supervisor's signature.

rev. 3/18/16