

LPN WORK VERIFICATION ATTESTATION

Purpose: This form is required for all students seeking admission to the Sandhills Community College Associate Degree in Nursing program via Advanced Placement for Licensed Practical/Vocational Nurses. Completion of this form verifies that the applicant has completed a minimum of **six months full time (or equivalent length of part-time) work experience in an LPN role within the last three years.**

DIRECTIONS FOR STUDENT

Submit the original document signed by the Director of Human Resources or Director of Nursing (or applicable equivalent). No copies are accepted.

Due Date: Preferable – attached to Stage II worksheet; **Due:** First Thursday in December prior to program entry.

Delivery: Sealed agency envelope or direct email from the employer to Sandhills ONLY.

Electronic Verification: if required, the student must request and bear any costs associated with the verification.

STUDENT NAME _____

EMPLOYER SECTION

Fill in the blanks and circle the appropriate responses. This form must be delivered to the student in a sealed agency envelope, or emailed directly from the person completing the form to donadiot@sandhills.edu

Agency Name _____

Location Address _____

Agency Representative Name _____

Agency Representative Title _____

Employment Status Full time Part Time

Length of employment Hire Date _____ Termination Date _____

I attest this employee worked a minimum of six months. Yes No

I attest this employee worked in an LPN role during this time frame. Yes No

Signature
(Director of Human Resources or Director of Nursing (or applicable equivalent))

Date