



## Accelerated Bachelor of Science in Nursing (ABSN) Program Healthcare Work or Volunteer Hours Verification

All applicants **MUST** complete SECTION A. Make sure your name match the application you had submitted online.

Applicant’s name: \_\_\_\_\_  
*Last*
*First*
*Middle Initial (Maiden)*

Intended ABSN Term (*choose only one*) :  Spring 20\_\_\_\_  Summer 20\_\_\_\_  Fall 20\_\_\_\_

### Section A:

Check **one** option below:

I am currently working as **OR** recently completed the following program (*check all applicable*). **Attached a copy of your active license and/or certification. SKIP SECTION B.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Certified Nursing Assistant (CNA)  | <input type="checkbox"/> Licensed Vocational Nurse (LVN)     | <input type="checkbox"/> Medical Assistant           |
| <input type="checkbox"/> Emergency Medical Technician (EMT) | <input type="checkbox"/> Licensed Physical Therapy Asst.     | <input type="checkbox"/> Respiratory Therapist       |
| <input type="checkbox"/> Registered Dental Assistant        | <input type="checkbox"/> Licensed Occupational Therapy Asst. | <input type="checkbox"/> Military Corpsman or Medic. |
| <input type="checkbox"/> Phlebotomist (CPT I or II)         | <input type="checkbox"/> Licensed Psychiatric Technician     | <input type="checkbox"/> Home Health Aid             |
| <input type="checkbox"/> Paramedic                          |  |  |

I **do not** have ANY of the above license or certification. However, I am currently volunteering or have medical related experiences in the last 5 years. **COMPLETION OF SECTION B IS REQUIRED.**

### Section B:

Employer/Volunteer Facility: \_\_\_\_\_  
 Name & Title of Supervisor: \_\_\_\_\_  
 Contact phone: \_\_\_\_\_  
 Contact email: \_\_\_\_\_

Attach a cover letter on agency letterhead describing the applicant’s work and/or volunteer experience (including patient interaction). Letter must include the applicant’s name, start date and end date, status (full-time/part time/volunteer), and approximate total of hours worked/volunteered.

**Save all documents as PDF to be uploaded to online application portal. PDF should include this form and copy of any active license or certification **OR** letter from employer/volunteer agency.**