



Healthcare (LPN) Employment Hours Verification PLEASE USE THIS FORM.

Date: _____

To Admissions Committee:

_____ is applying for the A.A.S. Nursing Program at Pikes Peak State College. As part of the application process, students may verify the number of hours of experience in healthcare. LPN employment experience will be considered.

Position Held:

This letter and my signature confirm that _____ is currently or has been employed in the healthcare service role stated above for _____ hours (within the past 5 years).

Director/Manager Signature: _____

Date: _____

Contact Info of Director/Manager (please print)

Name: _____

Organization: _____

Address: _____

Email: _____

Phone: _____

In addition to this form, a copy of a job description or letter outlining job/volunteer duties must also be included in the submitted application.