PIKES PEAK STATE COLLEGE

Healthcare Employment Hours Verification for ADN Application (CNA or ER Tech)

PLEASE USE THIS FORM

Date: _____

To Admissions Committee:
_____ (*potential student's name*) 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. Both CNA and ER Tech employment experience will be considered.

EMPLOYER TO COMPLETE:
This letter and my signature confirm that _____ (*potential student's name*) is currently or has been employed in the healthcare service role stated below for _____ hours (within the past 5 years).

Position Held: _____

Director/Manager Name (print): _____

Director/Manager Signature: _____

Contact Information (please print):

Organization: _____

Address: _____

Email: _____

Phone: _____

APPLICANT TO COMPLETE:
In addition to this form, a copy of a job description or letter from employer on letterhead outlining job/volunteer duties must also be included in the submitted application.

719-502-3450
Center for Healthcare Education & Simulation Box H-01| 1850 Cypress Semi Drive, Colorado Springs, CO 80921

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