



## Healthcare (LPN) Employment Hours Verification

PLEASE USE THIS FORM

Date: \_\_\_\_\_

To Admissions Committee:

\_\_\_\_\_ (*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. LPN employment experience will be considered.

### Position Held:

This letter and my signature confirm that the above-named applicant is currently or has been employed in the healthcare service role stated above for \_\_\_\_\_ hours (within the past 3 years).

Director/Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Contact Info of Director/Manager (please print)

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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