

Work Experience Verification Form Supplemental Documentation

_____ By initialing here, I certify that I am exempt from the work experience verification requirement because I have graduated from a regionally accredited nursing program within the last three years. Stop here and upload this document as part of the RN-BSN program supplemental materials application.

RNs who graduated more than three years before applying for admission to PPCC's RN to BSN completion program must have 1000 hours of employment as an RN.

To be completed by the applicant:

Name	Signature
Complete Address	Phone Number

The above applicant is applying to the RN-BSN Completion Program at Pikes Peak Community College.

He/She is requesting _____ (Name of Hospital/Agency) to furnish PPCC with the following information.

To be completed by the employer:

The above named person was employed by:

Name of Hospital/Agency	Date of Employment From	To
Employment was (circle one) Full time Part time	For a total of how many hours?	Position or Title
Description of Job Duties:		

By completing this form for the applicant you are verifying the above to be true and accurate:

Name/Title	Signature	Date
Hospital/Agency	Complete Address	Phone