



**Department of Nursing**

**Verification of Employment Form**

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

The North Arkansas College RN Bridge Program requests Verification of Employment for Student Name: \_\_\_\_\_

Select the type of active license this individual is practicing under:

- LPN                       Paramedic                       New or Upcoming PN Graduate

For the working PN/Paramedic:

The above-named person has been employed as a PN/Paramedic at:

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

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

Hire Date: \_\_\_\_\_ Termination Date (if applicable): \_\_\_\_\_

Select the appropriate account of hours worked as a licensed PN/Paramedic in your organization within the last 12-24 months:

Employee has worked less than 1000 hours.                      # Hours worked: \_\_\_\_\_

Employee has worked 1000+ hours.                      # Hours worked: \_\_\_\_\_

Employee is currently working:  Full Time  Part Time  Other \_\_\_\_\_

For new or upcoming PN graduates:

The above-named person is a student enrolled at:

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

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

Program Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Is the new or upcoming graduate in good academic standing?  Yes  No

\_\_\_\_\_  
Employer/Faculty Contact Name (print)

\_\_\_\_\_  
Employer Contact Title

\_\_\_\_\_  
Employer/Faculty Contact Signature

\_\_\_\_\_  
Contact Phone Number