



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 LPN/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