Nursing Programs
Work Experience Verification Form

Directions: Students must demonstrate six months full time (or equivalent of ≥ 640 hours part time employment in an acute care, long term care, or equivalent setting as a CNA I (or waiver request approved certificate) or a letter of recommendation for the program from an NA I instructor addressing the student’s knowledge, skills, and clinical ability including the timeframe observed. The form and supporting documentation must be submitted by the PROGRAM APPLICATION deadline for ADN and PN admission.

Student Name_______________________________________    Student ID #______________________
Date Submitted_______________________________

Student meets qualification of (Please check one):

________  Six months full time (or equivalent of ≥ 640 hours part time) employment in acute care or long term care

________  Six months full time (or equivalent of ≥ 640 hours part time) employment in equivalent setting (as described below)

________  Letter of recommendation from NA I instructor

Verification (Please complete appropriate section based on qualifications above):

1. Place of acute care, long term care, or equivalent employment (name, address, phone number)

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Description of place of employment if equivalent

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Months employed as full time or hours worked as part time employee

_____________________________________________________________________________________

By signing below, I indicate that the above listed employee has been employed at the facility for the number of months or hours listed above.

__________________________________________    ________________________________________
Printed Name of Supervisor                        Signature of Supervisor

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2. Letter of recommendation from NA I instructor

   Date of NA I course and name of instructor completing reference

_____________________________________________________________________________________

Instructor: Please use the following space below to describe the student’s knowledge, skills, and clinical
ability as demonstrated during the NA I course.

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Printed Name                                             Signature

Please submit this form to:

Vance-Granville Community College
PO Box 917
Henderson, NC 27536
Attn: Anna Seaman, Nursing Department Admissions Committee Chair
Email: seamana@vgcc.edu

One form must be submitted per admission application. Once the form is reviewed no further reviews will be
permitted. Students will be notified via their VGCC student email account for any follow-up information needed
and will be notified if the form has not been accepted.