



LPN to ADN Transition Program Employment Verification Form

To Whom It May Concern,

The following student _____ is applying for admission to the LPN to ADN Transition Program at Vance-Granville Community College. This form is to be used to verify that the applicant has at least six (6) months of experience as an LPN prior to admission to the program.

Please fill in the following information:

Employee Name: _____

Date of Hire: _____

Date of Separation (if applicable): _____

Name of Employer (Company): _____

Name of Manager or Human Resources personnel completing form: _____

Signature of person completing form: _____

Comments: _____

This form may be turned in by the student to the Admissions department or submitted by the employer to:

Vance-Granville Community College
PO Box 917
Henderson, NC 27536
Attention: Seletha Pherribo
Phone: (252) 738-3518
Fax: (919) 528-1201