

WESTERN DAKOTA TECH

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RN AAS PROGRAM: DOCUMENTATION OF PAID HOURS AS AN LPN

(Use this form if working, but hours are NOT complete)

APPLICANT: Complete the top section of this form then give to your employer(s) or former employers. This form may be duplicated. Return completed form(s) to Western Dakota Tech's nursing department.

Please Print:

NAME: _____

First

Middle

Last

I hereby request and authorize my employer/former employer to release the information requested on this form to Western Dakota Tech for verification of paid employment hours as an LPN.

Signature of Applicant

Date

This section to be completed by employer (cannot be signed by applicant)

The above named individual was employed as an LPN for _____ hours/weeks

Start Date _____ Hours completed at time of application _____.

I, the undersigned, declare and affirm that according to our records and to the best of my knowledge and belief, the information provided above for the purpose of school entrance is true and correct.

Signature of Agency Representative/Title

Date

Name of Employer _____

Address of Employer _____

Phone: _____ Email: _____