RN AAS PROGRAM: DOCUMENTATION OF PAID HOURS AS AN LPN

(Use this form if 750 hours are 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

From _____   to _____ (within last 3 years).

      Month/Date/Year   Month/Date/Year

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: _____

Western Dakota Technical College prepares students to be highly-skilled professionals through accessible, career-focused programs to improve their lives, while adapting to community workforce needs and positively impacting our economy.