Yuba College Nursing Program

Application Supporting Documentation Form

Healthcare Work or Volunteer Experience

*\*\*This page is required to be submitted with the application to document qualifying points\*\**

**Completed by Applicant**

Applicant Name (Print): Yuba College Student I.D. #:

 Healthcare Role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Someone who supervised your Healthcare work or volunteer experience must complete verification of your work or volunteer experience. This form must be completed in its entirety to be considered for points. The applicant must have worked/volunteered for at least 1500 hours directly with patients within the last five years.

**Completed by Supervisor**

Contact Information of person verifying healthcare experience:

Name (print):

Title:

Organization:

Address: City: State: Zip:

Phone: Email:

Please answer the following questions:

1. How long have you known the applicant, and in what capacity?
2. Dates of employment/volunteering:
	1. Start date \_\_\_\_\_\_\_\_\_\_\_\_ End date \_\_\_\_\_\_\_\_\_\_\_ (must be within the past 5 years to qualify for points)
3. Did the employee/volunteer work with patients for at least 1500 hours during their dates of employment/volunteering?
	1. \_\_\_\_\_ Yes \_\_\_\_\_ No (must be yes to qualify for points)
4. Did the applicant's work/volunteering involve working directly with patients?
	1. \_\_\_\_ Yes \_\_\_\_ No (must be yes to qualify for points)

**Signatures**

Applicant Signature: Date:

I acknowledge, by my signature, that the information on this form is true and correct.

Person Verifying Experience Signature: Date:

I acknowledge, by my signature, that the information on this form is true and correct.