

Yuba College Nursing Program
Application Supporting Documentation Form
Healthcare Work Experience

This completed form 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 experience must complete verification of your work experience. This form must be completed in its entirety to be considered for points. The applicant must have worked 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): _____
Professional 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:
 - a. Start date _____ End date _____ (must be within the past 5 years to qualify for points)
3. Did the employee work with patients for at least 1500 hours during their dates of employment?
 - a. _____ Yes _____ No (must be yes to qualify for points)
4. Did the applicant's work involve working directly with patients?
 - a. _____ Yes _____ No (must be yes to qualify for points)

Signatures: *Need an original handwritten or digital signature. Typed-in names are not accepted.*

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.