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 directly with patients for at least 1500 hours during their dates of employment?
   a. _____ Yes _____ No (total hours of direct patient care must total 1500 hours to qualify)
   b. If no, how many hours has the employee worked directly with patients _____
      - Note, applicant may upload multiple completed Healthcare Work Experience forms to mee the mandatory 1500 hour requirement.
4. Did the applicant's work involve providing direct patient care?

Direct patient care refers to hands-on, face-to-face (or real-time) clinical services that a healthcare worker provides to a patient to diagnose, treat, monitor, or support their health condition.

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.