

MCC-PENN VALLEY
 NURSING DIVISION – HEALTH CARE EXPERIENCE VERIFICATION
LPN-ADN BRIDGE PROGRAM

Students applying to MCC-Penn Valley’s LPN-ADN Bridge Program will be rank ordered based on criteria listed in the program information. One point will be given to students with documentation of previous health care experience as an LPN—employed either full-time or part-time. The documented health care experience must be for a minimum of six months during the past year and must be prior to the beginning of any given application period.

The employer must sign this form and must mail the form during an open application period. ***The employee accepts responsibility for providing this form and a stamped envelope to the employer addressed to: Nursing Division, 3201 Southwest Trafficway, Box 124, Kansas City, MO 64111.*** To receive the point for experience as an LPN, the form must be received in the Nursing Division Office during a designated application period. A point will not be awarded for any form received outside any given application period. Faxed forms will not be accepted.

This form is only valid for one application period. If applying again, applicant must submit new/current form. Incomplete forms will not be considered.

Part 1. Applicant must complete this section:

Name: Last, First, Middle Initial:		
Student ID Number:		
Street Address:		
City/State/Zip Code:		
Telephone (including area code):		
Home:	Cell:	Work:
E-mail (print legibly):		
Type of Work/Position Title:		
Dates of employment—MONTH/DAY/YEAR: FROM: _____ TO: _____		
Check whether full-time or part-time: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time:		
Brief Description of direct patient care activities as an LPN:		

Part 2. To be completed by employer (subject to verification)

I hereby verify that the above named applicant has six months or more direct patient health care experience within the past year and has been employed either full-time or part-time.

Printed Name:	
Title:	Health Care Facility/Agency:
Office Phone Number (including area code):	
E-Mail address:	
Signature:	Date: