



**NURSING DIVISION – Health Care Experience Verification Form
LPN-ADN BRIDGE PROGRAM**

Applicants to MCC-Penn Valley LPN-ADN Bridge Program are required to attach this form to their online application. Applicants must have been **employed as a Practical Nurse (LPN) for six months** leading up to the application to be eligible to apply to the LPN-RN Bridge program. The applicant and employer must fill out this form by the **March 31** deadline. **It is the responsibility of the applicant to make sure this form is fully completed by the deadlines.**

Please note: This form is only valid for one application period. If applying again, the applicant must submit a new/current form.

Part 1. Applicant must complete this section (PLEASE PRINT LEGIBLY):

Name: First, Last, Middle Initial:		
MCC Student ID Number:		
Street Address:		
City/ State/Zip Code:		
Telephone:		
Home:	Cell:	Work:
Email:		
Type of Work/Position Title:		
Dates of Employment: From: _____ (month/day/year). To: _____ (month/day/year).		
Check type of Employment: Full-time: () Part-time: ()		

Part 2. Employer must complete this section (subject to verification):

Print Name:		
Title:		Facility/Agency:
E-mail address:		Telephone:
Brief description of direct patient care tasks as an LPN:		
*Signature: _____	Date: _____	
*I hereby verify that the above named has a valid LPN License and has been employed either full-time or part-time for the <u>past six months</u> .		