

## 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 be employed as a Practical Nurse (LPN) 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):**

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

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

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