

IVCC NURSING PROGRAM

WORK VERIFICATION FORM (POINTS CALCULATION CATEGORY D)

Supervisor's name:

Company's name:

Company's phone number:

Address:

City, State, Zip:

Applicant's name:

Job Title:

Applicant's address:

City, State, Zip:

I, _____, confirm that _____ has been/was
employed with _____ from _____ until _____. They
hold/held the title of _____, and works/worked on a
basis at _____ hours per week.

Additional Comments:

Supervisor's signature:

WORK EXPERIENCE IN A CLINICAL BASED HEALTHCARE FIELD (2.5%)

- Points in this category are awarded based on your recent (within 1 year) work experience in a clinical healthcare setting. Full time is considered 32 hours or more per week. Part time is considered less than 32 hours per week. A work verification form and associated certifications must accompany your application.
- Including CNA or PCT, Medical Assistant, EMT, Phlebotomist, Respiratory Therapist, Rad Tech, Lab Tech, Surgical Tech, Dental Assisting/Hygiene, Physical Therapy Assistant, Pharmacy Tech, EKG Tech, Home Health Aid

Work Full Time for one or more years = 2 points

Work Part Time one or more years = 1 points

Points earned (max 2): _____