

## **NUR 110AP Employment Verification Form**

**Purpose:** This form is used to verify that the student has worked at least one year of full-time employment (1500 hours), or two years of part-time employment (totaling 1500 hours), in the direct provision of healthcare within the past 5 years. Please submit additional pages to verify experience, as necessary. Please note, all prior employers will be contacted by the CCC Nursing Department to verify the student's experience.

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### **Student Information**

<b>Full Name:</b>	
<b>Date of Birth:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>CCC Student ID:</b>	

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### **Employment History**

#### **Job 1:**

<b>Employer Name:</b>	
<b>Job Title/Position:</b>	
<b>Employment Start Date:</b>	
<b>Employment End Date:</b>	
<b>Total Hours Worked:</b>	
<b>Duties and Responsibilities:</b>	

### Job 2 (if applicable)

<b>Employer Name:</b>	
<b>Job Title/Position:</b>	
<b>Employment Start Date:</b>	
<b>Employment End Date:</b>	
<b>Total Hours Worked:</b>	
<b>Duties and Responsibilities:</b>	

### Verification by Employer/Manager

Please have your direct manager or supervisor verify your employment for each job listed above.

### Job 1 Manager Information

<b>Manager's Full Name:</b>	
<b>Job Title:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Relationship to Student/Employee:</b>	
<b>Verification of Employment:</b>	
<b>Start Date:</b>	
<b>End Date:</b>	
<b>Total Hours Worked:</b>	
<b>I confirm that the student has worked these hours in direct provision of healthcare</b>	
<b>Signature:</b>	
<b>Date:</b>	

### Job 2 Manager Information (if applicable)

<b>Manager's Full Name:</b>	
<b>Job Title:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Relationship to Student/Employee:</b>	
<b>Verification of Employment:</b>	
<b>Start Date:</b>	
<b>End Date:</b>	
<b>Total Hours Worked:</b>	
<b>I confirm that the student has worked these hours in direct provision of healthcare</b>	
<b>Signature:</b>	
<b>Date:</b>	

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### Declaration and Signature

I, the undersigned, declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information may result in disqualification or dismissal from the Coconino Community College NUR 110 AP course.

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**Signature**

**Date**