



## Recent Work Experience Verification Form

ADN Applicant Name: \_\_\_\_\_ Citrus College Student ID#: \_\_\_\_\_

### **Instructions for earning points towards your nursing application: Hands-On Direct Patient Care:**

1. **Determine Eligibility:** Review the ADN Multi-Criteria for Selection available on the ADN website to confirm that your recent work experience meets the eligibility criteria for earning points.
2. **Complete this Form with Your Employer/Verifier:** Request your employer/supervisor to complete the form in full, ensuring all required sections are filled out.
3. **Ensure Valid Signatures:** The form must include original, handwritten signature from all parties. Electronic or digital signatures will not be accepted.
4. **Submit the Form:** Once the form is fully completed and signed, upload the document to your ADN application as part of your submission for point consideration.
5. **Letters of support or documents that summarize paycheck history cannot substitute for this form.**

The following area must be completed by employer verifier: \_\_\_\_\_

All signatures **MUST** be official "wet" signatures (signed original copy). Electronic signatures will not be accepted.

- Title of employee: \_\_\_\_\_
- This employee has provided direct human patient care:      YES      NO  
*Direct Patient Care = Hands on, face to face contact with patients for the purpose of diagnosis, treatment and monitoring, per the CDC website.*
- Name of the facility/company this employee has worked for:  
\_\_\_\_\_
- Dates of employment service: \_\_\_\_\_
- Verify employee's estimated total hours to present day: \_\_\_\_\_

***All the information provided is correct to the best of my knowledge.***

Date: \_\_\_\_\_

Employer/Verifier (Print Name:) \_\_\_\_\_

Employer/Verifier Wet Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Stamped verification below (if available):