

EMPLOYMENT VERIFICATION FORM

To: ARKANSAS TECH UNIVERSITY
Department of Nursing
Admission/Progression Committee

Applicant's Name: _____

I hereby certify that the above named has worked:

☐ less than 1,000 hours in the past 12 months.

☐ 1,000 hours in the past 12 months.

☐ less than 2,000 hours in the past 24 months.

☐ 2,000 hours in the past 24 months.

In the capacity of:

☐ Registered Nurse or ☐ Licensed Pracitcal Nurse

Signature: _____

Position: _____

Agency: _____

Date Completed _____

Please return to:

ARKANSAS TECH UNIVERSITY
DEPARTMENT OF NURSING
Dean Hall Room 224
Russellville, AR 72801
phone: 479-498-2832
Fax: 479-968-0219