

Students applying to the Accelerated LPN to RN Program must use the following template for employment verification for submission.

**(Hospital Letterhead)**

Date

\_\_\_\_\_ is currently employed as a Licensed Practical Nurse, hired  
(Full legal name)

on \_\_\_\_\_ at \_\_\_\_\_ on the  
(date of hire) (Hospital name)

\_\_\_\_\_ providing acute patient care.  
(unit/floor number)

Print name:

Signature

Title: (ie: Human Resources Representative)

Date:

Contact phone number:

For Admissions use only:  
Student ID#  
Campus