

Oregon Coast Community College
Nursing Application
Work Verification Form - Applicant Page 1

Applicants to the Nursing program at Oregon Coast Community College can gain additional points toward their application from prior or current employment involving **patient care as regulated by the Oregon State Board of Nursing for the following:**

- **Certified Nursing Assistant (Level 1 or Level 2)**
 - **Certified Medication Aide (CMA)**
 - **Licensed Practical Nurse (LPN) scope of practice**
- or**
- **Certified Medical Assistants (CMAs)** also can gain additional points as long as the applicant holds a National Certification

The application process requires verification of paid work experience involving direct patient care. Employers (either Supervisor or Human Resources representative) are asked to verify the applicant's description of job duties and number of hours of patient care using this form.

Instructions:

1. The **applicant** completes the page **one** of the forms before sending it to the employer/agency. Copy this form for additional employers.
2. The **employer/agency** completes **page two** and returns form to applicant in a **sealed envelope**.
3. The applicant submits this form as part of the completed application (deadline 3/30/2020) to the nursing department administrative assistant at:

Oregon Coast Community College
400 SE College Way
Newport, Oregon 97366
Attn: Vickie Jones-Briggs

Applicant (complete the following information – please print)

Applicant Name: _____ Position & Job Title: _____

Name of Facility: _____

Facility Address: _____

Length of employment: from _____ to _____

Supervisor: _____

Prior Name if applicable _____

Applicant Address: _____

Have you worked in this position more than 1040 hours in the last 3 years? ____ yes ____ no

I give Oregon Coast Community College permission to verify this information. I acknowledge that any false information I provide will jeopardize my admission to the Nursing Program at Oregon Coast Community College.

Signature: _____ **Date:** _____

Work Verification Form Page 2

EMPLOYER

To be completed by employer (Supervisor or Human Resources representative).

Your employee is requesting verification from you that he or she has been working as a Certified Nursing Assistant (CNA), Level 1 or Level 2, a Certified Medication Aide (CMA), Licensed Practical Nurse (LPN) or a Certified Medical Assistant (CMA)

Please complete the following and in doing so verify that this employee has completed 1040 hours within the past three years as per the Oregon State Board of Nursing (OSBN) regulations or through a regulatory body for Certification as a Medical Assistant.

Please return the completed form IN A SEALED ENVELOPE to the employee who will be submitting it with their complete application by: _____(date) (applicant to fill in date).

Please include a copy of a current job description in which this employee is working or has worked under.

I certify that _____ (employee), has worked _____ hours over the past _____ year(s) as a _____ CNA _____ LPN _____ CMA

Supervisor: must be an LPN, RN or MD

Signature: _____ **Title:** _____

(Printed name): _____ **Phone:** _____

Supervisor License Number: _____

I verify the information provided by the applicant to be accurate and true to the best of my knowledge. If applicant added additional detail to description of job duties, I have signed that addendum.

Human Resources Representative:

Signature: _____ **Date:** _____

(Printed name): _____ **Phone:** _____

I verify the information provided by the applicant to be accurate and true to the best of my knowledge. If applicant added additional detail to description of job duties, I have signed that addendum.