

**Proof of Work Experience Form**

Student Name: Date:

Dear Employer/Human Resources Director:

The above individual is applying for the KCC nursing program. Points are awarded to students based upon previous work experience in the healthcare field. Work as an Oregon certified nursing assistant, or Oregon licensure or national certification as a licensed practical nurse, dental hygienist, respiratory therapist, emergency medical technician, paramedic, medical assistant (national certification required), or service as an Armed Services medic or corpsman in the past four years will qualify as pertinent work experience.

We are asking for your assistance on behalf of the above applicant. Please complete the following:

* Fill in the requested information
* Seal the entire form in an envelope (preferably with company letterhead)
* Sign your name across the seal
* Return to the student (student must return it sealed with their application)

**NOTE**: By providing you with this form, your employee agrees to release this information to Klamath Community College. This information is used to verify entrance requirements for placement into the nursing program and will not be used for other purposes, or released to any other party.

Location of Employment:

Position Held/Duties:

Dates of Employment:

Length of Direct Patient Care Experience:

Less than 500 practice hours (≤500 in total) More than 500 practice hours (≥500 in total)

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Name of Person Verifying Information Date

Signature Title

Telephone Number

