



Proof of Work Experience

CNA or CMA Work Experience

Student Name: _____ Date: _____

Dear Employer/Human Resources Director:

The above individual is applying for the KCC Registered Nursing program. Preference is given to those students who have some kind of patient care experience. We are asking for your assistance on behalf of this applicant.

- Fill in the requested information.
- Seal the entire form in an envelope (preferably with company letterhead)
- Sign your name across the seal.
- Return to student. (Student must submit sealed envelope to Student Services with 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 Registered Nursing Program and will not be used for other purposes, or released to any other party.

Position Held/Duties: _____

Dates of Employment: _____

Length of direct patient care experience *within last three years:*

- Less than one month full-time (<160 hours)
- One – three months full-time (160 – 479 hours)
- Four – six months full-time (480 – 960 hours)
- More than six months full-time (>960 hours)

Name of Person Verifying Information

Date

Signature

Title

Telephone Number