

Student: Please upload this completed form into the online Advanced Placement Student Application.



Verification of Employment

This letter is to certify that _____ has worked at
Employee's Name

_____, and has provided (*check one*):
Employer's Name

- 400 hours of direct patient care in an acute or long-term (skilled) setting as an LPN within the last **two** years from program start date.
- 600 hours of direct patient care in other nursing settings such as clinics, home health, or assisted living as an LPN within the last **two** years from program start date.
- Has not met the above criteria.

Name of Person Verifying Information

Date

Signature

Title

Telephone Number

Note to Employer: By providing you with this form, your employee agrees to release this information to Central Oregon Community College. This information is used to verify entrance requirements for Advanced Placement into the Second Year of COCC's Nursing Program and will not be used for other purposes, nor released to any other party. If you have questions, please contact the Advanced Placement Coordinator in the Nursing Department at 541-383-7417.