CENTRAL OREGON
community college

COCC Nursing Program
Healthcare Experience Documentation Form

Healthcare Experience Requirements

- Applicants may earn five points for qualified healthcare experience; however, healthcare experience is optional.
- Healthcare work experience hours must have been completed in the period of June 1, 2025, to the application deadline of April 30, 2027. Healthcare experience points will not be awarded if this form is incomplete or if supporting documentation of paid or unpaid work experience hours is missing.
- Paid or unpaid international or domestic hours of healthcare experience may be used.
- All pages of this document and any additional supporting documents must be uploaded to the COCC Nursing Application by April 30, 2027. Documentation submitted after that date will not be considered.
- Failure to upload this form or supporting documentation will affect consideration for experience points.
- By signing below, I certify that my information is complete and understand that providing false information on this form will result in nullification of application and/or dismissal from the program.
- I understand that I am required to submit all pages of this form for my experience to be considered.
- Approved healthcare experience roles are determined by and voted on by the Nursing Faculty Curriculum Committee. While the committee recognizes the value and positive impact on the community of a wide range of healthcare experiences, when determining approved roles, the committee considers some of the following criteria: the work in the role includes hands-on care, a holistic and whole-body approach to care, supports the concepts taught in the first year of nursing, and allows insight into what the work of a nurse encompasses.
- Any specific questions regarding your experience and whether it qualifies should be directed to nursingdept@cocc.edu.

Next Steps

- On Page 2, complete Part 1 by filling out your Name, Student ID, the Acceptable Healthcare Experience and certification/license number.
- After completion of Part 1, your employer will complete Part 2 on Page 3.
- All documentation will be uploaded to the appropriate question in your COCC Nursing Application.

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Part 1: TO BE COMPLETED BY APPLICANT

Applicant Name: _____ Applicant Student ID Number: _____

Acceptable Healthcare Experience

☐ I certify that I have met **600 or more hours**, equating to 5 healthcare experience points in my Nursing Application.

☐ Acceptable Healthcare Experience is defined by licensed or certified positions of employment in one of the following categories. Please check the box to indicate the category of your employment:

☐ Nursing Assistant	☐ Military Corpsman	☐ Medical Assistant	☐ Paramedic	☐ Emergency Medical Technician
☐ Medication Tech	☐ Emergency Department Tech	☐ Respiratory Therapist	☐ Occupational Therapist	☐ Physical Therapist

Certification or License Verification:

Issuing Agency/State:	**Certification or License Number:**

Applicant Signature: _____ Date: _____

Part 2: TO BE COMPLETED BY THE SUPERVISOR OR HR REPRESENTATIVE

Organization or Business Name:

Organization or Business Address:

Supervisor Name or HR Representative Name:

Supervisor or HR Representative Title:

Primary Contact Phone:

Primary Contact Email:

Applicant's position title at your facility:

Dates of employment/service

- **Begin Date:**
- **End Date:**

Total Hours Completed June 1, 2025 – April 30, 2027:

Is this position a paid employee? (Yes/No)

Are credentials, certification or licensure required for this position? (Yes/No)

- **If YES, specify the credential:**

Provide a brief description below of the position/service performed OR attach a detailed job description:

☐ I verify that the above-identified applicant's work experience and hours are complete and true, and they are in good standing and without performance concerns. COCC reserves the right to contact anyone listed on this form to verify this information. Forms will not be accepted with a valid supervisor or HR representative signature.

Supervisor or HR Representative Signature: _____ **Date:** _____