



Licensed Practical Nurse (LPN) Employment Verification Form

FOR HYBRID APPLICANTS ONLY

Instructions

This form must be completed by the employer to verify employment history of the Licensed Practical Nurse (LPN) for the purpose of applying to the LPN to RN hybrid program. All fields are mandatory. Incomplete forms will not be accepted. The employee should submit the completed form with the LPN to RN hybrid program application.

LPN Information

Full Name: _____

LPN License Number: _____

State of Licensure (must be NC or a Nurse Licensure Compact State) _____

Email Address: _____

Phone Number: _____

Employment Verification Details

Facility Name: _____

Facility Address: _____

Employment Start Date: _____ End Date (or current if employed): _____

Total Number of Hours Worked in the Past 24 Months: _____

Primary Work Setting: ☐ Hospital ☐ Skilled Nursing Facility (SNF)

Type of Care Unit: (e.g. MedSurg, Telemetry, etc.) _____

Certification and Signature

I hereby certify that the information provided above is true and correct to the best of my knowledge. The LPN listed above has been employed by this facility during the stated period, and the number of hours worked is accurate.

Employer Contact Name (for the purpose of verifying employment): _____

Employer Contact Title/Position: _____

Employer Contact Email Address: _____

Employer Contact Phone Number: _____

Employer Contact Signature: _____