



### Licensed Practical Nurse (LPN) Employment Verification Form

#### Instructions

This form must be completed by the employer to verify the employment history of the Licensed Practical Nurse (LPN) applying to the LPN to RN Hybrid Program. All fields are required, and incomplete forms will not be accepted. The applicant is responsible for submitting 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: \_\_\_\_\_

**\*\*If the employee has worked for your organization for more than 24 months, report ONLY the hours worked within the last 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 employment verification purposes): \_\_\_\_\_

Employer Contact Title/Position: \_\_\_\_\_

Employer Contact Email Address and Phone Number: \_\_\_\_\_

Employer Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_