

Cuesta College RN Program Application

Work Experience Verification Form

To accompany applications submitted in October 2020

For dates of employment and number of hours worked between 10/1/18 – 10/31/2020

Work Experience Criteria – Part A to be completed by the applicant

The intent of awarding points in the work experience category of the RN application is to recognize relevant experience that would allow students to be well-prepared for success in the RN program. For this purpose, work duties that facilitate knowledge, understanding, and experience in the RN role, the RN-patient relationship, and the practice of skills in the human healthcare setting may be considered.

The following work experiences, when performed in a medical or healthcare environment, facilitate the above intent:

- LVN, medical assistant, nurse assistant, paramedic, and psychiatric technician positions
- Multidisciplinary teamwork that includes collaboration with an RN
- Patient health & hygiene, feeding, daily living, mobility/transfer techniques
- Incorporating vital signs, lab values, and/or medication with nursing care
- Intradisciplinary teamwork and collaborative care

Job duties, within the same job description can vary. Therefore, a letter from the supervisor describing duties performed is required, and experiences will be evaluated on a case by case basis for awarding of points. Personal caregiving positions in private homes without a business license are not able to be considered.

Instructions

- Complete Part A yourself.
- Take Part B to your supervisor to complete and return to you, to submit with your online application.

A. Applicant Information to be completed by applicant

Applicant Name (Last name, first name):

Applicant Address: *number & street* *city* *state* *zip code*

Applicant Phone Number: *primary:* () *secondary:* ()

Complete the following for the work experience that you are submitting for application points:

Place of employment _____

Address _____

Job title _____

Dates of employment under this job title _____ **to** _____

Summary of work duties that meet work experience point criteria:

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Work Experience Criteria - Part B to be completed by the work supervisor

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Part B to be completed by the work supervisor

Title of Supervisor:

Supervisor phone Number:

Supervisor email:

Title of position held by applicant:

Official job description is attached (required): YES NO

_____ Letter describing actual job duties is attached OR _____ Job duties explained in the space below

Start date of the job description attached: _____ End date, or indicate if still employed: _____

Number of hours worked in the job description attached: _____

DESCRIPTION OF DUTIES PERFORMED if submitting a letter on letterhead, this may be left blank:

Signature of Supervisor: _____ **Date:** _____