



**Associate of Science in Nursing Bridge Option Degree Program**  
 (Licensed Practical Nursing to Registered Nursing)

## VERIFICATION OF EMPLOYMENT REQUEST

Request form is to be completed by student's employer(s) and signed by the personnel officer, human resources manager, or representative:

<b>Employee's Name:</b>	
<b>Social Security Number:</b>	
<b>Date of Birth:</b>	
<b>Employee's Address:</b>	
<b>City, State, and Zip:</b>	

Name of Verifying Company or Organization	Dates of Service		Total days each year	Hours per day	Position Held
	From Mo/Day/Yr	To Mo/Day/Yr			
<b>Total experience verified above:</b>		<b>Years:</b>	<b>Months:</b>		

*I certify that the information and the verification of Licensed Practical Nursing experience listed above is complete and accurate according to the official records on file with this organization.*

<b>Name of Organization/Company:</b>	
<b>Company Address:</b>	
<b>City, State, and Zip:</b>	
<b>Name of Company Representative:</b>	
<b>Title of Representative:</b>	
<b>Signature of Representative:</b>	
<b>Today's Date:</b>	

Email completed forms to Tiffany Scroggs at [tscroggs@northgatech.edu](mailto:tscroggs@northgatech.edu).