



**LPN to ADN Transition Program  
Employment Verification**

To be completed by the Director of Human Resources or the Director of Nursing (or applicable equivalent). Document must be signed and emailed directly from the employer to Brunswick Community College Nursing Admissions at \_\_\_\_\_ prior to March 29, 2024.

**Applicant's Full Name:** \_\_\_\_\_

**Dates of Employment:**

- Currently employed at this facility                      Full time            or            Part time
- No longer employed at this facility

Hire Date: \_\_\_\_\_                      Separation Date: \_\_\_\_\_

**Facility (choose one):**

- Medical/Surgical Acute Care Hospital
- Skilled Nursing Facility
- Other – Name & Description \_\_\_\_\_

**Attestation:**

By my signature below, I affirm that the above applicant is working or has worked in the role of a Licensed Practical Nurse providing direct hands on patient care in the facility named above.

\_\_\_\_\_  
Employer Signature from Nursing, Human Resources, or Equivalent                      Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Printed Name of Facility

\_\_\_\_\_  
Contact Phone Number