



**Paramedic to ADN Bridge 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 August 30, 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):

- County EMS – Which county _____
- Hospital Setting – Which hospital and unit _____
- Other – Name & Description _____

Attestation:

By my signature below, I affirm that the above applicant is working or has worked in the role of a Paramedic 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