



**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 January 31, 2025.

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