## TREASURE VALLEY COMMUNITY COLLEGE NURSING APPLICATION

### HEALTHCARE EXPERIENCE EMPLOYER VERIFICATION FORM

**Applicant Name:** _____ **TVCC Student ID#**: _____

Treasure Valley Community College awards admission points for healthcare experience. In order to validate adequate experience, please print this form and have the direct supervisor or human resources fill out the necessary information. Completed forms need to be uploaded to the application form for points to be counted toward admission points.

Please use this form to verify DIRECT PATIENT CARE HOURS of the applicant identified above.

| Name of Company/Facility | | | |
|---|---|---|---|
| | | | |
| **Street Address** | **City** | **State** | **Zip Code** |
| | | | |

| Job Title of Applicant | | | Certification Held by Applicant | |
|---|---|---|---|---|
| | | | | |
| **Employment Status** | ☐ Full Time | ☐ Part Time | ☐ Volunteer | |
| **Start Date** | | **End Date** | **Currently Employed** | ☐ |
| **Total Number of Hours Completed by the Dates Above** (only count the hours completed through March 31st of the application year) | | | | |

\* Please attach a current job description or provide a detailed description of the *direct patient care*.

| *Contact Information will only be used to verify information provided on this form* | |
|---|---|
| **Supervisor Name** | **Supervisor Title** |
| | |
| **Supervisor Phone Number** | |
| **Supervisor Email Address** | |
| **Supervisor Signature** | |

Thank you for taking the time to complete this form.

Note: If you have any questions regarding this form or the TVCC Nursing application process, please contact the Nursing Department office at nursing@tvcc.cc or 541-881-5940.