

Nursing Program

Chattanooga State Community College
4501 Amnicola Highway • Chattanooga, TN 36406

Documentation of Employment for LPNs and Paramedics Summary

Please print.

Date: _____

Name: _____

ChSCC ID #A _____

Address: _____

Street

City

State Zip

Phone #: Home: _____

Cell: _____

In order to be eligible for enrollment in the Chattanooga State LPN and Paramedic to RN Transition Program all LPN's and paramedic's must provide proof of a minimum of 400 hours of employment as an LPN or Paramedic within two years of the application deadline.

Attached to this form is a Verification of Employment form that must be completed by your employer(s) to document the required work experience. Once completed, provide the following summary information related to your employment history that documents 400 hours of employment as an LPN or paramedic in the past two years. Attach a signed Employment Verification form for each employer listed below. Keep in mind that this only includes employment within two years of the application deadline.

Attach the Documentation of Employment and Verification of Employment forms to your nursing program application or update form. Applications will not be processed without this information.

Employment Summary

<u>Employer</u>	<u>Supervisor</u>	<u>Phone #</u>
<u>Dates of Employment</u>	<u>Average hours per week</u>	<u>Total hours</u>

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Verification of Employment for LPNs and Paramedics

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To be completed by the applicant:

Employer:	
Address:	
Phone #	

1. I (Print your name) _____ am applying for acceptance into the LPN/Paramedic to RN Transition program at Chattanooga State. In order to meet admission requirements, I must provide proof of a minimum of 400 hours of employment as an LPN or Paramedic within the past two years. Please provide the information requested below and return to me at your earliest convenience. Thank you.

Signature: _____ Date: _____

To be completed by the employer:

Please provide employment information related to individual identified above.	
In what capacity was this individual employed? <input type="checkbox"/> LPN nurse <input type="checkbox"/> Paramedic <input type="checkbox"/> Other (please specify) _____	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time – Approximate # hours per week _____	
Date of employment: _____	
Based on this information, did this individual work at least 400 hours in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature _____	Title _____
Print Name _____	Date: _____

Thank you

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