



## 2026 LCC RN Nursing Healthcare Volunteer/Work Experience Form

Applicant Name:	Applicant Student ID Number (L#):
Applicant Email Address:	Applicant Phone Number:

### Part I: To Be Completed by The Applicant

**Applicants may earn points for volunteering or working in a healthcare setting.**

**1000+ Hours = 6 points**

**999-500 Hours = 4 points**

**499-50 Hours = 2 points**

- Part 1 must be completed by the applicant and sent to the employer to complete Part 2. This year, the employer will send a signed copy back to the applicant and you will upload it into Target-X. Please note, BOTH pages must be complete with signatures and dates, and uploaded prior to the deadline in order to receive points.
- Volunteer and work experience hours in a healthcare setting may be calculated through the date of your form being signed (this is a change from last year) and cannot be more than 10 years old. Points will not be awarded if forms have incomplete dates or any fields are left blank.
- International or domestic hours (examples of facilities where experience in a healthcare setting could have been completed: medical setting, community health, health education, or military. Please see the 2026 RN Healthcare Approved Credential List.)
- All supporting documents must be translated to English and uploaded with this document.
- Documentation cannot be accepted after your application has been submitted.
- By signing below, I certify that my information is complete and understand that providing false information on this form will result in nullification of my application and/or dismissal from the program.
- **I understand that my employer is required to sign and fill out proof of my experience and email it back to me to upload into the Target-X application no later than 11:59PM PST on April 1, 2026 in order to receive points.**

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**2026 LCC RN Nursing  
Healthcare Volunteer/Work Experience Form**

**Part II: To Be Completed by The Supervisor or Human Resource Representative and emailed back to the student at the email they provide on Part I.**

**Please provide verification of your contact information and the # hours volunteered or worked in a healthcare setting. The hours are only valid between February 10, 2016 and April 1, 2026.**

**Supervisor/Human Resources Representative Contact Information:**

Organization or Business Name & Address:		
Supervisor Name/HR Representative Name:		
Supervisor/HR Representative Title:		
Supervisor/HR Representative Contact Phone:		
Supervisor/HR Representative Contact Email:		
<b>Applicant Position held:</b>		
<b>Dates of Volunteer or Employment between February 10, 2016 – April 1, 2026:</b>	Begin Date:	End Date:
<b>Hours completed between February 10, 2016 – April 1, 2026:</b>	Total Hours:	
Is this position a paid position? (Please check Y or N)	Yes	No
Is this position a volunteer position? (Please check Y or N)	Yes	No
Are credentials required for this position? (Please check Y or N)	Yes	No
<b>If YES, please specify the credential type:</b>		
Please provide a brief description below of the services performed OR attach a detailed job description:		

I verify the above-identified applicant's volunteer or work experience and hours are complete and true. LCC reserves the right to contact anyone listed on this form to verify this information. Forms will not be accepted without a valid supervisor/HR representative signature and dates and hours provided.

Please send Forms 1 & 2 back to the applicant with plenty of time for them to apply. The application will close on April 1, 2026 at 11:59pm PST.

Supervisor/HR Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_