

## Fall 2025 LPN Program Application Paid Work Experience Verification Form

## Certified Nursing Assistant, Certified Medical Assistant or Licensed Paramedic providing Patient Care in a Skilled or Acute Care Setting

## **Instructions for Student:**

(Family members may <u>NOT</u> verify employment.) Complete the top half of this document and have your employer complete the bottom half verifying a **minimum of 100** hours of paid work experience performing patient care with one of the required licenses in a Skilled or Acute Care Setting **January 2016 or later** to receive additional points on the Fall 2025 LPN Application. (Note: You may use multiple forms if you need more than one location to add up to the hours you are using for points. Be sure to send one form to each employer.)

This form MUST be sent directly from your supervisor to the HPApplicationCenter@lanecc.edu email.				
Applicant Name	L Number			
Email	Phone #			
Employer Name	Employer Address			
Job Title	# of Hours Worked			
Reminder: Must submit verification of Certified Nursing Assistant, Certified Medial Assistant, or Paramedic license to <a href="https://example.cohtml">HPApplicationCenter@lanecc.edu</a> with Forms 1 & 2 and fill out the information, as well as a work experience form verifying at least 100 hours to receive any Work Experience points.  Name of Supervisor and/or Human Resources Representative  Phone #				
Provide a detailed description of your job duties				
Student printed name Student Signed	Name Date Signed			
Your signature above gives authorization to the Lane Community College Nursing Program personnel to verify this information. You also acknowledge that any false information provided would render your entire LPN application null & void for the Fall 2025 application season.				
Instructions for Employer: (Family members may NOT verify employment.) Please Email this HPApplicationCenter@lanecc.edu and copy the student to the email this employment.	•			

Students who are applying to Lane's LPN program can gain up to 15 additional application points by receiving verification of paid employment providing patient care in a skilled or acute care setting in a position that **required a Certified Nursing or Medical Assistant or Paramedic License** where **100 or more hours** were completed **January 2016 or later**.

Place of Employment	Student's Job Title	Hours Worked	Dates Worked (Mo/Yr) to	
Supervisor Job Title		Supervisor Role with Student		
I verify that the description of duties and # of hours the student provided above is correct:				
Supervisor Printed Name	Supervisor Signa	ture Da	ate Signed	

The supervisor's signature confirms that the information provided above by the student is accurate and true. You understand by signing, that the College may reach out to you for verification of details if needed.