



## 2026 LCC Nursing Healthcare Volunteer/Work Experience Form

<b>Applicant Name:</b>	<b>Applicant Student ID Number (L#):</b>
<b>Applicant Email Address:</b>	<b>Applicant Phone Number:</b>

<b>Part I: To Be Completed by The Applicant</b>		
<p><b>Applicants may earn points for volunteering or working in a healthcare setting.</b></p> <p><b>1000+ Hours = 6 points                      999-500 Hours = 4 points                      499-50 Hours = 2 points</b></p>		

- 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 LCC Nursing Program Approved Healthcare Credential List.)
- All supporting documents must be translated to English and uploaded with this document.
- Documentation will not 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 May 26, 2026 in order to receive points.**

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

## 2026 LCC 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 April 30, 2016 and May 26, 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 April 30, 2016 – May 26, 2026:</b>	Begin Date:	End Date:	
	<small>(Please enter the dates of the verified hours, this does not mean they no longer work here. Please do not put Current.)</small>		
<b>Hours completed between April 30, 2016 – May 26, 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 May 26, 2026 at 11:59pm PST.**

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