

Fall 2019 LPN to RN Bridge Application Verification of Licensed Practical Nursing Work Experience

Students may need to use more than one form to meet total 500 minimum hours to apply. Please provide the following information for the Fall 2019 LPN to RN Application: (One form per employer)

Student Name:	L#:
Email:	Phone Number:
Employer Name and address where hours were	earned:
**Email verification of OSBN LPN Licensure with your application Forms 1 & 2 to	
hpapplicationcenter@lanecc.edu	
Number of work experience hours:	Job Title:
Provide a detailed description of job duties:	
Student signature:	Date:
	ege to verify this information. You also acknowledge that any action as stated in the Lane Community College Student Code of
	mation requested (and <u>seal in an envelope and sign the seal</u> il this document to <u>HPApplicationCenter@lanecc.edu</u>)
	e required to verify paid work experience or current employment in s worked as an LPN will meet the criteria for this application.
Number of hours worked: Date	es of Employment (mo/yr to mo/yr):
Job Title and role with Student:	
	Contact Phone #:
Printed Name:	
Signature:	Date:
	information provided by the student is accurate and true.
SUBMITTAL INSTRUCTIONS: Work verification for	rms should either be Emailed directly from Reference(s) to
hpapplicationcenter@lanecc.edu with the students l	Last Name – LPN Work Experience Form in the subject line
OP mailed to LCC UD Application Contor 4000 E	20th Avo Bldg 20 Eugono OD 07405 OD may be given back to

OR mailed to LCC HP Application Center, 4000 E. 30th Ave. Bldg 30, Eugene, OR 97405 **OR** may be given back to the applicant in a sealed envelope with the supervisor(s) signature on the seal for them to hand deliver to LCC's main campus Building 30 drop box. All Work Experience documents <u>must be received by the application close date</u> of June 26, 2019.