



RN to Bachelor of Science in Nursing
DISTANCE LEARNING PROGRAM

Employment Verification

Employment Verification

To the Student: To receive the escrow credit for your prior nursing coursework, one of the following conditions must be met. **Check one** of the following statements.

1. _____ I have an active/current RN license from one of the 50 states **AND** I graduated from a nursing program within 5 years prior to starting my first class at USM. I understand that I do **not** need to complete the Employer Verification section of this form. (Read and sign the student verification statement below).
2. _____ I have an active/current RN license from one of the 50 states **BUT** I did NOT graduate from a nursing program within 5 years prior to starting my first class at USM. I understand that I will need to have my current employer (and, if necessary, previous employers) verify that I have worked at least 1,000 hours as a registered nurse in the past 3 years. I authorize my employer(s) to provide the information requested in the Employer Verification section of this form. (Read and sign the student verification statement below).

Student Verification Statement: By signing below, I understand and have selected the correct option above.

Print Name	Signature	Today's date	Date of Graduation from nursing program
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EMPLOYER VERIFICATION

To the student: Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant, if admitted and enrolled, will have access to the information provided.

Employer #1: Check one of the options below and sign.

_____ Applicant has worked at least 1000 hours as a Registered Nursing in the past 3 years from today's date.
Today's date is _____.

_____ Applicant has **not** worked 1000 hours in the past 3 years at this facility. Total hours employed is _____
between dates of _____ to _____.

Name and title of person completing this form (please print)	Company Name
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Signature of the person completing this form	Contact Number
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Employer #2: Check one of the options below and sign.

_____ Applicant has worked at least 1000 hours as a Registered Nursing in the past 3 years from today's date.
Today's date is _____.

_____ Applicant has **not** worked 1000 hours in the past 3 years at this facility. Total hours employed is _____
between dates of _____ to _____.

Name and title of person completing this form (please print)	Company Name
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Signature of the person completing this form	Contact Number
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Employer #3: Check one of the options below and sign.

_____ Applicant has worked at least 1000 hours as a Registered Nursing in the past 3 years from today's date.
Today's date is _____.

_____ Applicant has **not** worked 1000 hours in the past 3 years at this facility. Total hours employed is _____
between dates of _____ to _____.

Name and title of person completing this form (please print)	Company Name
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