

**ARKANSAS STATE UNIVERSITY
BACHELOR OF SCIENCE IN NURSING
DOCUMENTATION OF WORK EXPERIENCE**

Student Name: _____ **DATE:** _____

Employee Number: _____ **ASU ID:** _____

12-60 months after graduation: No testing is required if during the past 24 months have had 1000 hours of nursing employment or during the past 36 months have had 2000 hours of nursing employment.

61 months or more after graduation: No testing is required if during the past 24 months have had 1000 hours of nursing employment or during the past 36 months have had 2000 hours of nursing employment.

I hereby attest that I have worked _____ hours or more within the past _____ months in the area of nursing. All hours counted were performed under the direction of a RN, DO, MD, DDS.

Date: _____

Applicant Signature

Our signature below confirms that _____ has completed over _____ hours work within the past _____ months at _____
Institution. The areas worked include _____.

Date: _____ **Supervisor:** _____
(RN, DO, MD, DDS)

Human Resources Representative: _____ **Date:** _____

Telephone Information for HRR: _____

Program Director Signature: _____ **Date:** _____