

**ARKANSAS STATE UNIVERSTIY**  
**BACHELOR OF SCIENCE IN NURSING PROGRAM**  
**RN-BSN**  
**DOCUMENTATION OF WORK EXPERIENCE**

**ASU Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee Number:** \_\_\_\_\_ **Student Date of Birth:** \_\_\_\_\_ **ASU ID:** \_\_\_\_\_

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

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

**ASU Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Our signatures below confirm that \_\_\_\_\_ has  
(Name of ASU Applicant)  
completed over \_\_\_\_\_ hours of work within the past \_\_\_\_\_ months at  
\_\_\_\_\_. The areas worked include  
(Name of Institution/Facility)

**Supervisor Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(RN, DO, MD, DDS)

**Human Resources Representative Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Telephone Information for Human Resources Representative: \_\_\_\_\_

Arkansas State University use only:

**Employment Verified:** \_\_\_\_\_ **Date:** \_\_\_\_\_