

Arkansas State University—School of Nursing
LPN-AASN Program
Employer Documentation of Work
Experience

Student Name: _____

A-State Student ID#: _____

The applicant MUST provide proof of work experience reflecting a minimum of 1,000 hours employed as a licensed practical nurse during the past 12-24 months in an acute or long term care setting. This form MUST be mailed from the employer within their official envelope. The form must be signed by the Human Resource Representative or Registered Nurse Supervisor. The back of the official envelope must be sealed with scotch tape and initialed by the individual (Human Resource Representative/Registered Nurse Supervisor) completing this form.

Note: If documentation of work experience is not submitted properly, the student's application will be incomplete

My signature below confirms that _____ has completed over _____ hours work within the past _____ years at the facility indicated below. All hours counted were performed under the direction of a registered nurse.

Name of Institution

Address

City/State/Zip

Telephone

Signature/Title

Date:

Mail to:
A-State School of Nursing
Attention: LPN- AASN Admissions Committee
P.O. Box 910
State University, AR 72467