

Nursing Programs Work Experience Verification Form

Directions: Students must have 640 hours of work experience (full time or part time employment) in an acute care, long term care, or equivalent setting as a CNAI (or waiver approved occupation with certification). If the student is finishing a State Approved CNAI Course by the program application deadline and does not have time to obtain 640 hours of work experience a letter of recommendation from the CNAI Instructor who taught the CNAI class/clinical can be accepted. The letter of recommendation should address the student's CNAI knowledge, skills and clinical ability including the time frame observed. The letter of recommendation can only be used in place of the 640 hours of work experience if the CNAI course was taken no more than one year from the program application date.

Student ID Number:

Student Name:	Student ID Number:				
Date Submitted:					
Student meets qualification of (Please check	cone):				
640 hours full or part time employme 640 hours full or part time employme Letter of recommendation from CNA	ent in equivalent setting (as described below)				
Verification (Please complete appropriate se	ction based on qualifications above)				
1. Place of acute care, long term care, or	r equivalent employment (name, address, phone	number)			
Description of place of employment if	equivalent				
Dates of employment and hours work	ed				
By signing below, I indicate that the al hours listed above.	bove listed employee has been employed at the f	facility for the time and			
Printed Name of Supervisor	Signature of Supervisor	Date			



2.	Letter	of	recommendation	from	CNAI	instructor
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	Date of CNAI	course and	name of	instructor	completing	reference
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Instructor: Please use the	following space	below to describ	be the student's k	knowledge, skills	, and clinica
ability as demonstrated duri	ing the CNAI coι	urse.			

Printed Name of Supervisor

Signature of Supervisor

Date

This form should be submitted with the PROGRAM APPLICATION by the deadline