



COMMUNITY
COLLEGE
of AURORA

☐ CHECK HERE if you **DO NOT** have health care employment in the past 5 years. If checked, sign the form and submit per the Nursing Education application process.

☐ CHECK HERE if you **DO** have health care employment in the past 5 years. If checked, please have the employer complete the form. If you have multiple employers in the past 5 years, please complete one (1) form for each employer. Please submit each form per the Nursing Education Program application process.

RE: Verification of Health Care Employment for the CCA A.A.S. Nursing Education Program student application: _____ (Name of Student).

Applicants may verify between 500 and 4,000 hours of health care employment within the last five (5) years. Any direct interaction with patients is acceptable.

Company Contact:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Contact Email: _____

Job Title/Position: _____

This position involves direct patient care: ☐ Yes ☐ No

Roles and Responsibilities:

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Hire Date: _____ End Date (if applicable): _____

Hours Verification:

☐ 500-999 Hours ☐ 1000-1499 Hours ☐ 1500-1999 Hours ☐ 2000-2499 Hours

☐ 2500-2999 Hours ☐ 3000-3499 Hours ☐ 3500-3999 Hours ☐ 4000 plus Hours

Student Name: _____ Student S# _____ Date: _____