



Health-Related Employment/Volunteer Experience Verification Form

This form must be signed off by a supervisor, manager, or human resource representative.

The below-named applicant is applying for admission to the Bachelor of Science in Nursing degree program at Westfield State University. This form is used to support the prospective student application for admission to the BSN program.

Please provide the information requested below so that we may determine the appropriate amount of patient care hours and/or patient care experience they may have.

Applicant Name	Applicant Date of Birth

Employer	Dates of Hire/Volunteer	Hours Worked per Week, OR Total Hours

Please describe the duties performed by the above-named employee while in this position:

I certify that the information provided in this form is true and complete to the best of my knowledge

Name: _____

Title: _____

Email: _____

Signature: _____

Date: _____