



Verification of Occupational Experience

Associate Degree in Nursing Program

The Associate Degree Nursing Program requires that all relevant work experience pertaining to the program application be certified. Therefore, please provide verification of the applicant's work experience with your company by completing the bottom portion of this form. The Associate Degree Nursing Program will consider pertinent verifiable volunteer work to meet this criterion.

TO BE COMPLETED BY ASSOCIATE DEGREE NURSING PROGRAM APPLICANT:

Associate Degree Nursing Applicant Name		BTC Student ID Number	
Street Address	City	State	Zip Code
Business Name		Position Held	
Street Address	City	State	Zip Code
Contact Person		(Area Code) Phone Number	
Employment Began (MM/DD/YYYY)	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Last Day Employed (MM/DD/YYYY)	If part time, list average weekly hours: _____		
	Total Hours _____		

I authorize my employer / former employer to release the following information to Blackhawk Technical College.

 Signature of Applicant Date

TO BE COMPLETED BY EMPLOYER:

The above named person was employed as a _____ for the period(s) and hours listed above.
job title/classification

I would classify this position as (please check one): No patient / customer interactions
 Customer care / service
 Direct patient care

 Signature Title Date

Please return completed form to:

Blackhawk Technical College
 Attn: HS – Associate Degree Nursing Program
 6004 S County Rd G
 P.O. Box 5009
 Janesville, WI 53547-5009