

Verification of Licensed Practical Nurse Work Experience Lane Community College Winter 2015 LPN to RN Program Application

Students may need to use more than one form to meet total minimum hours to apply.

Students provide the following information for Winter 2015 I PN to PN Application Entrue

(Please use one form per employer)	winter 2015 LPN to KN Application Entry:
Name:	
L Number:	
Phone Number:	
Email:	
Place of employment and address where hours ea	rned:
1 7	
**Submit verification of OSBN LPN Licensure v	vith your application forms.
Number of work experience hours as a LPN:	
Name and phone number of Supervisor and/or H	ıman Resources Representative:
Provide a detailed description of job duties:	
Ct. 1t -:t	Deter
Student signature:	Date:
Your signature above allows Lane Community C	allogo to varify this information. Vay also
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acknowledge that any false information provided	is subject to disciplinary action as stated in the Lane
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**This form needs to be returned to the student for application submission in a sealed envelop by date provided by student in a sealed envelope signed on the outside by the employer.

Students submit to HP Application Center 4000 East 30th Avenue, Eugene, Oregon 97405 by date of application. 10/17/2014 ISA