

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

Students provide the following information for Winter 2015 LPN to RN Application Entry: (Please use one form per employer)	
Name:	
L Number:	
Phone Number:	
Email:	
Place of employment and address where hours earned:	
**Submit verification of OSBN LPN Licensure with your application forms.	
Number of work experience hours as a LPN:	
Name and phone number of Supervisor and/or Human Resources Representative:	
Provide a detailed description of job duties:	
Student signature:	Date:
Your signature above allows Lane Community College to verify this information. You also acknowledge that any false information provided is subject to disciplinary action as stated in the Lane Community College Student Code of Conduct.	

Instructions for Employer: Please provide information requested		
Students who are applying to Lane's LPN to RN program are required to verify paid work experience prior or current employment in a position that requires LPN Licensure. Hours worked in a Licensed Practical Nursing position meet criteria for application.		
Employer Contact Information:		
Please print and sign below:	Number of hours employed: _____	
Printed Name:	Signed Name :	Date:
Job Title and role with student:		
Employer representative signature above verifies that the information provided by the student is accurate and true.		

****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