

## CONFIRMATION OF WORK EXPERIENCE

Date: \_\_\_\_\_

Please check appropriate box:

- ☐ I confirm that (student's name) \_\_\_\_\_ has completed a minimum of 2000 hours of work experience as a Licensed Practical Nurse (LPN) within the past four years.
- ☐ I confirm that (student's name) \_\_\_\_\_ has completed \_\_\_\_\_ hours of work experience as a Licensed Practical Nurse (LPN) within the past four years.

Supervisor's Printed Name:
Supervisor's Position:
Supervisor's Signature:
Company Name:
Company Address:
City, State, Zip:
Phone:
Email:
Student's Signature:

Please return completed form to Health Admissions: [healthprograms@grcc.edu](mailto:healthprograms@grcc.edu), fax 616-234-4317, or mail to Health Admissions, GRCC, 143 Bostwick Ave, NE, Grand Rapids, MI 49503