**LPN to Registered Nurse Program Attestation of Employment**

**NWACC Associates Degree Nursing Program\*\***

***This letter of attestation should be filled out by administration that the applicant has worked for.***

As a representative of , I attest that

***(****Name of Medical Facility)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Applicant’s Name)*

He/she has completed: (Please check one.)

\_\_\_\_ 500 clock hours of patient care experience and has had licensure between 3-6 months.

\_\_\_\_ 1,000 clock hours of patient care experience and has had licensure between 7-12+ months.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has worked for our facility since

*(Applicant’s Name)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Date of Hire)*

and we feel that he/she would be successful and a good fit for the LPN to Registered Nurse Program at NWACC.

***Administrator Name***

***Administrator Signature Date***

*\*\*A copy of this letter must be emailed to the Nursing Department Administrative Assistant before the final day of the fall semester, per the current academic calendar.*