



Applicant Name:	Applicant Student ID Number (L#):
Applicant Email Address:	Applicant Phone Number:

Part I: To Be Completed by The Applicant

Applicants may earn 3 points for 500+ healthcare work experience hours completed in the last 10 years.

- Part 1 must be completed by the applicant and sent to the employer to complete Part 2. The entire document must be sent directly from the employer to HPApplicationCenter@lanecc.edu and copied to your email. We DO NOT verify receipt of forms. By the Employer copying the Applicant, this will insure you are informed when the forms have been received.
- Healthcare work experience hours will be counted through December 31, 2023. Healthcare work experience points will not be awarded if forms are incomplete or if supporting documentation of paid work experience hours are missing.
- International or domestic hours of healthcare work experience (examples of facilities where healthcare experience could have been completed: medical setting, home care, community health, health education, or military.)
- All supporting documents must be translated to English and be sent directly from the employer to HPApplicationCenter@lanecc.edu by 11:59pm on March 4, 2024. Documentation submitted after that date and time will not be considered.
- By signing below, I certify that my information is complete and understand that providing false information on this form will result in nullification of application and/or dismissal from the program.
- **I understand that my employer is required to submit both pages of this form for proof of my work experience via Email to HPApplicationCenter@lanecc.edu and copy my email above by 11:59pm on March 4, 2024 in order to receive 3 points.**

Applicant Signature: _____ Date: _____



LCC RN Nursing Program Healthcare Work Experience Form - Part II

Part II: To Be Completed by The Supervisor or Human Resource Representative and Emailed DIRECTLY to HPApplicationCenter@lanecc.edu and copied to your email.			
Supervisor/Human Resources Representative Contact Information:			
Organization or Business Name & Address:			
Supervisor Name/HR Representative Name:			
Supervisor/HR Representative Title:			
Supervisor/HR Representative Contact Phone:			
Supervisor/HR Representative Contact Email:			
Applicant Position Title at your facility:			
Dates of Employment/Service:	Begin Date:	End Date:	
Hours completed though December 31, 2023:	Total Hours:		
Is this position a paid employee? (Please check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are credentials required for this position? (Please check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES, please specify the credential type:			
Please provide a brief description below of the position/service performed OR attach a detailed job description if desired:			

I verify the above-identified applicant's work experience and hours are complete and true. LCC reserves the right to contact anyone listed on this form to verify this information. Forms will not be accepted without a valid supervisor/HR representative signature.

Please send Form 1 & 2 via Email to HPApplicationCenter@lanecc.edu and include the applicant's email by using their Email address from Form 1.

Supervisor/HR Representative Signature: _____ Date: _____