



LCC RN Nursing Program  
**Healthcare Experience Form - Part I**

<b>Applicant Name:</b>	<b>Applicant Student ID Number (L#):</b>
<b>Applicant Email Address:</b>	<b>Applicant Phone Number:</b>

<b>Part I: To Be Completed by The Applicant</b>		
<b>Applicants may earn points for volunteering or working in a healthcare setting.</b>		
<b>1000+ Hours = 6 points</b>	<b>999-500 Hours = 4 points</b>	<b>499-50 Hours = 2 points</b>

- Part 1 must be completed by the applicant and sent to the employer to complete Part 2. This year, the employer will send a signed copy back to the applicant and you will upload it into the NursingCAS portal.
- Volunteer and work experience hours in a healthcare setting must only be calculated through December 31, 2024 and cannot be more than 10 years old. Points will not be awarded if forms have incomplete dates or any fields are left blank, or if this document is not uploaded fully signed.
- International or domestic hours (examples of facilities where experience in a healthcare setting could have been completed: medical setting, home care, community health, health education, or military.)
- All supporting documents must be translated to English and uploaded with this document.
- Documentation can not be accepted after your application has been submitted.
- 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 sign and fill out proof of my work experience and email it back to me to upload into the NursingCAS application by 8:59PM PST/11:59PM ET on April 3, 2025 in order to receive points.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Part II: To Be Completed by The Supervisor or Human Resource Representative and emailed back to the student at the email they provide on Part I.**

**Please provide verification of contact information and hours volunteered or worked in a healthcare setting. The hours are only valid between January 1, 2014 and December 31, 2024.**

**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:			
<b>Applicant Position held:</b>			
<b>Dates of Volunteer or Employment January 1, 2014- December 31, 2024:</b>	Begin Date:	End Date:	
<b>Hours completed January 1, 2014- December 31, 2024:</b>	Total Hours:		
Is this position a paid employee? (Please check one)	Yes	No	
Is this position a volunteer only? (Please check one)	Yes	No	
Are credentials required for this position? (Please check one)	Yes	No	
<b>If YES, please specify the credential type:</b>			
Please provide a brief description below of the services performed OR attach a detailed job description if desired:			

**I verify the above-identified applicant's volunteer or 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 and dates and hours provided.

**Please send Form 1 & 2 back to the applicant with plenty of time for them to apply. The application will close on April 3, 2025 at 8:59pm PST/11:59 ET.**

Supervisor/HR Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_