



Nursing AAS Applicant Healthcare Verification Form

This form is to be submitted by the applicant with the application materials.

_____ has completed one of the following:
(Name of Applicant)

- Worked as an employee for at least 40 hours in the past six months.
- Volunteered for at least 40 hours in the past six months.
- Has completed a Nursing Assistant Certificate program in the past six months.

During this time, this applicant has engaged in direct patient care through the following activities (please check at least one of the following):

- Clinical hours for CNA certificate program
- Transporting patients
- Assisting with mobility
- Answering patients' call lights and requests
- Scheduling with patients or handling billing claims with patients
- Physical examinations or assisting in examinations
- Taking vital signs
- Assisting with Activities of Daily Living (ADLs)
- Providing emotional support
- Educating patients
- Performing diagnostic tests
- Other:

This direct patient care has been provided at: _____,
(Name of Facility)

and has been supervised by: _____.
(Name of supervisor or instructor)

This portion to be completed by the Supervisor or Instructor, attesting that the above information is correct.

Signature: _____ Date: _____
(Supervisor or Instructor)