



## WORK VERIFICATION FORM

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**Organization/Company Name**

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**HR Representative's Name**

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**HR Representative's Job Title**

**Verification**

This form is intended for the purpose of verifying the employee's work experience in a position requiring an RN (Registered Nurse) license.

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**Employee's Name**

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**Employee's Job Title**

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**Date Hired by Organization**

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**Date Hired for Current Position**

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**Part time (<36 hrs./week)  
Or Full Time(>36 hrs./ week)**

**Does the employee have over 2,000 hours of work experience in a position requiring an RN license within the organization?**

**Yes**

**No**

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**If "no", how many hours does the employee have?**

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**Authorized Representative Signature**

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**Phone Number**

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**Email Address**