Nursing Bridge Program Employee Verification Form

Applicant Information: Completed by Student

Full Name: _____ Date of Birth: _____/_____/_____

Phone Number: _____Email: _____

Employment Verification: Completed by Employer

This section is to be completed by the applicant's current or former employer to verify that the applicant has at least one year of work experience as an LPN or as a Paramedic or as a Surgical Technologist. If more than one employer within a year, add additional forms accordingly.

Employee Name: _____ Job Title: _____

Employment Start Date: _____/_____/_____ Employment End Date (if applicable): ____ /_____/_____

Total Length of Employment: _____ Years _____ Months

Employment Status (Check One): ☐ Full-Time ☐ Part-Time ☐ PRN/As-Needed

Facility Name: _____

Facility Address: _____

Facility Type: (Hospital, Clinic, EMS Service, Surgical Center, etc.) _____

Supervisor/Manager Name: _____Title: _____

Phone Number: _____ Email: _____

Employer Verification Statement:

I certify that the above-named employee has worked as an LPN, or as a Paramedic or as a Surgical Technologist for at least one year and has demonstrated competency in their duties.

Employer/Representative Signature: _____ Date: _____/_____/_____

Thank you for your cooperation in verifying the applicant's experience!

For Gwinnett Technical College Use Only:

Verified by: _____

Title: _____

Date: _____/_____/_____

Submission Instructions for Student:

Please return this completed form via email with your Nursing Bridge Application by the Nursing Bridge Application Deadline of October 10th to HealthApp@GwinnettTech.edu. All forms will be verified by the Nursing staff to ensure the verification information submitted is correct and accurate.

Failure to return this form will make you ineligible to apply to the Nursing Bridge program. Incomplete forms will result in your form to be rejected. You would need to get the form completed and resubmitted before the October 10th deadline.