Delgado Community College
CHARITY SCHOOL OF NURSING

LPN WORK EXPERIENCE VALIDATION

This form is to be completed by the Human Resources Department/Personnel of each clinical agency where the LPN has worked for the past one/two years prior to application to Charity School of Nursing.

______________________________  ________________________________
NAME                                SOCIAL SECURITY #

The above-named LPN has applied to the Charity School of Nursing:

LPN-to-ADN Curriculum Option _____  LPN Challenge Option ____
(Full time client care work experience in the 2 years prior to acceptance to the program required; total of 3000 hours for 2 years.)

The following information is requested in order to complete the application process.

1. Full name and address of clinical facility/agency

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. This nurse is / was employed:

   FULLTIME___________ PART-TIME ____________
   and worked an average of _______ hours each week.

3. Indicate dates of employment as an LPN in your facility:

   From _________________ to ________________

   Date                     Date

4. On what type of clinical unit is / was this nurse employed? (i.e. obstetrics, medical-surgical, long-term care, ambulatory, etc.)

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Completed by: ________________________________  TITLE/POSITION IN HUMAN RESOURCES

______________________________  ________________________________
NAME                                PHONE # (_____ ) _________
DATE____________________________  Area code

Return to:

KOREN E. THORNTON
Admissions Coordinator
DELGADO COMMUNITY COLLEGE
CHARITY SCHOOL OF NURSING
450 SOUTH CLAIBORNE AVENUE
NEW ORLEANS, LA 70112
PHONE – 504.571.1270    FAX – 504.568.5494

Thank you for your assistance!

THIS FORM MAY BE DUPLICATED TO GIVE TO MORE THAN ONE EMPLOYER IF NEEDED

(CW/qb 4-07)