



Fall 2025 Healthcare Work Experience Verification

CCC ID _____ Name _____

Dear Employer/Supervisor/Human Resources Manager/Commanding Officer:

The above individual is planning to apply to the Clatsop Community College Nursing program by February 18, 2025. To earn healthcare work experience points in the selection process, the applicant must prove they have worked up to **500 hours** in the health care area in the past four years caring for human patients **in the following areas.**

- 1) Nursing assistant
- 2) Licensed practical nurse (licensed vocational nurse)
- 3) Emergency medical responder
- 4) Emergency medical technician
- 5) Paramedic
- 6) Respiratory therapist
- 7) Medical assistant
- 8) Dental assistant
- 9) Service as an Armed Services medic or corpsman
- 10) Other approved work experience

By providing this form, this applicant is giving you permission to provide the requested information. To assist this applicant with the process, please fill in the requested information by responding to all questions and return it to the applicant. Points will not be awarded if the form is incomplete.

The applicant must submit this form with their **Fall 2025 Nursing Admissions Application** to be eligible for the points. If you have questions, please email Tina Kotson at tkotson@clatsopcc.edu. Thank you so much for assisting the student.

Total number of hours worked in the past four years _____

Job Title(s) _____

Job Description(s):

Dates worked: From _____ to _____

Signature of Supervisor/HR Manager/ Commanding Officer

Printed Name and Title

Print Name of Facility/Organization

Phone Number