



## ***LPN to Nursing AS Program Application Employment Verification***

### Section 1: To Be Completed by Student

Student Name \_\_\_\_\_ Ridgewater Tech ID (8-digit number) \_\_\_\_\_

Birthdate (MM/DD/YYYY) \_\_\_\_\_ Email Address \_\_\_\_\_

### Section 2: To Be Completed by Employer

This section is to be completed by the above student's supervisor, Human Resources employee, or designated facility official.

Name \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

At some point during the past 24 months, the student listed in Section 1 of this form has worked at \_\_\_\_\_ (facility name). During their employment, they have worked in a **Licensed Practical Nurse** role for \_\_\_\_\_ hours over the past 24 months.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please mail in facility branded envelope, or email from a Facility supervisor/HR employee/designated official email account.***

***Forms returned in plain envelopes or personal emails will not be accepted.***

Return to Ellery Knight @  
[nursingadmissions@ridgewater.edu](mailto:nursingadmissions@ridgewater.edu)

or

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