



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

or

Ridgewater College
ATTN: Ellery Knight
2101 15th Ave NW
Willmar, MN 56201