

Work Verification Form - Paramedic - AASN Option

Arkansas State University - School of Nursing

Paramedic - AASN Program Option

Employer Documentation of Work Experience

Student Name: _____ A-State Student ID#: _____

The applicant MUST provide proof of work experience reflecting current employment as a paramedic. The form MUST be signed by the Human Resource Representative or Supervisor and returned to the School of Nursing by the employer. The form may be returned by postal mail or email from the employer. If returned by postal mail, then a facility envelope must be used with a signature across the seal. An email submission must be from an employer email address, not a personal email address. Please use the instructions below for submission by postal mail or email.

****Note: If documentation of work experience is not submitted properly, the student's application will be incomplete.****

*My signature below confirms that _____ has completed over
_____ hours work within the past
_____ years at the facility indicated below.*

Name of Institution: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Signature: _____

Date:

Title of Person Completing Form: _____

Mail to:

A-State School of Nursing

Attention: Paramedic – AASN Admission Committee

P.O. Box 910

State University, AR 72467

Email to:

cnhp@astate.edu

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