

**University of Arkansas for Medical Sciences
College of Nursing
Student Services Office**

T0: RN or LPN APPLICANTS

SUBJECT: VERIFICATION OF RN EMPLOYMENT FORM

DATE: November 1, 2009

This form is to be included with the application packet of students who wish to be exempt from the NLN Mobility II exams and who have graduated from nursing school more than 12 months prior to the 2010 BSN program registration dates.

To be exempt, you must

- Have graduated less than 12 months from our registration date
- **OR**
- Have worked at least 1000 hours as an RN/LPN within the last 24 (twenty-four) months.

If you have not worked the required number of hours, you must successfully complete the NLN Mobility II exams with a minimum score of 90 on each one prior to registration.

Licensed RNs & LPNs wanting advanced placement must complete the Health Assessment pre-admission requirement. Please contact (501) 686-5452 for information about the continuing education health assessment course through UAMS-College of Nursing.

The Employer must fill in the number of hours worked, sign the letter before a Notary Public, and return it to:

***UAMS-College of Nursing
Attention: Mary McClain
Director of Admissions
4301 W. Markham #529
Little Rock, AR 72205-7199.***

The deadline for this form to be received by the College of Nursing Admissions Office is March 1, 2010. (This may mean a follow-up phone call to your employer verifying that the letter has been sent to the College of Nursing. The letter from your employer must be in your application file by the March 1, 2010, deadline.) (Please be aware that letters stating 40 hours per week will not fulfill this requirement.)

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

College of Nursing
4301 West Markham, #529
Little Rock, AR 72205-7199

MEMORANDUM

TO: Employer of -RN/-LPN Applicant who has completed an -ADN/ -Diploma/ -certificate program

FROM: Director of Admissions, UAMS-College of Nursing

RE: Verification of employment for _____ - -
Applicant's Name SS#

The College of Nursing requests verification of employment for the above referenced RN/LPN applicant to the BSN or BSN Completion/Articulated BSN/MNSc program. Our applicant has identified you as an employer who could verify the number of hours she/he was employed as a registered nurse/LPN during the past 24 months.

Please complete the following statements, sign in the presence of a Notary Public, and return the notarized form to the College of Nursing as soon as possible. Thank you for your time and assistance with this matter.

I verify that the above RN/LPN has worked _____ hours as my employee as a -RN/-LPN during the past 24 months.

If the above hours do not equal 1,000 in the last 24 months, then I anticipate that the above RN/LPN will work approximately _____ hours as my employee as a -RN/-LPN between the present and

(Applicant: Your anticipated month (May 2010/August 2010/January 2011) of registration should be entered here.)

Name of Employer & Title (PLEASE PRINT)

Institution

Mailing Address

City / State / Zip

Day-time Phone number

Subscribed and sworn to
me this _____ day of
_____, _____,
County _____

Employer Signature

Notary Public
My Commission Expires _____