

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
Director of Admissions
College of Nursing
4301 West Markham, #529
Little Rock, AR 72205-7199

MEMORANDUM

TO: Employer of RN

FROM: Director of Admissions, UAMS-College of Nursing

RE: Verification of employment for _____ **xxx-xx-_____**
Student Name Please Print Last four digits SS#

The College of Nursing requests verification of employment for the above referenced Registered Nurse/College of Nursing Student. Our applicant has identified you as an employer who could verify the number of hours she/he was employed as a registered nurse.

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 has worked _____ hours as my employee as Registered Nurse.

Please provide the dates of employment.

Begin date _____

End date _____

(Applicant: Your anticipated semester (Fall/Spring and the year) 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 _____