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

МЕМО	RANDUM				
то:	Employer of 🛭 RN				
FROM:	Director of Admissions, UAMS-Col	lege of Nursing			
RE:	Verification of employment for	Student Name		xxx-xx Last four digits SS#	
Nursing	lege of Nursing requests verification Student. Our applicant has identification ployed as a registered nurse.				
	complete the following statements, sollege of Nursing as soon as possible	-	•		
I verify t	that the above RN has worked	hours as m	y employee as Registe	ered Nurse.	
Please p	provide the dates of employment.				
Begin da	ate				
End dat	e				
(Applica	ant: Your anticipated semester (Fall)	Spring and the ye	ear) of registration sho	ould be entered here.)	
Name o	f Employer & Title (PLEASE PRINT)				
Instituti	on				
Mailing	Address				
City / St	ate / Zip				
Day-tim	e Phone number		me this	and sworn to day of ,,	
Employer Signature			Notary Pub	Notary Public	

My Commission Expires _____