SAN DIEGO CITY COLLEGE NURSING PROGRAM

WORK/VOLUNTEER CERTIFICATION FORM

The following form is provided to the applicant in order to verify health related volunteer experience **-OR-** health-related work experience (12 points), and/or a need to work during the prerequisite nursing courses (1 point). Supervisor information should be completed by the applicant's current employer, former employer, or volunteer supervisor.

NAME: _____

Last First

Work Experience (Minimum 100 hours in the past 3 years) Only one place of work is needed to earn points. Enter the most relevant experience below.		
Is this experience healthcare related?_____Yes _____No		
Did you work while taking academic courses needed to apply to thenursing program?_____Yes _____No		
Employer Name:	Title of Your Position:	
Employer Address:		
Start Date:	End Date:	Currently Employee?_____Yes _____No
Supervisor Name:	Supervisor Title:	
Supervisor Signature: Supervisor Email:		Date:

-OR-

Volunteer Experience – Minimum of 100 hours within the past 3 years	
Organization #1 Information	
Volunteer Organization:	Number of Hours Completed:
Organization Address:	
Volunteer Supervisor Name:	Title:
Supervisor Signature: Supervisor Email:	Date:
Organization #2 Information	
Volunteer Organization:	Number of Hours Completed:
Organization Address:	
Volunteer Supervisor Name:	Title:
Supervisor Signature: Supervisor Email:	Date: