



VERIFICATION OF EMPLOYMENT FORM

DATE: _____

The Eleanor Mann School of Nursing at the University of Arkansas, Fayetteville, requests Verification of Employment for

Student Name: _____

Select the type of active license this nurse is practicing under:

☐ LPN ☐ RN ☐ New or Upcoming RN Graduate

For the working RN/LPN:

The above name person has been/will be employed as a Licensed Nurse at:

Employer Name: _____

Employer Address: _____

Hire Date: _____ Termination Date (if applicable): _____

Select the appropriate account of hours worked as a licensed nurse in your organization within the last 12-24 months:

☐ Employee has worked less than 1000 hours. # Hours worked: _____

☐ Employee has worked 1000+ hours. # Hours worked: _____

☐ Employee has worked 2000+ hours.

Employee is currently working: ☐ Full Time ☐ Part Time ☐ Other _____

For new or upcoming RN graduates:

The above named person is a student enrolled at:

Program Name: _____

Program Address: _____

Program Start Date: _____ Completion Date: _____

Is the new or upcoming graduate in good academic standing? ☐ Yes ☐ No

Employer/Faculty Contact Name (print)

Employer Contact Title

Employer/Faculty Contact Signature

Contact Phone Number

****PLEASE UPLOAD THIS DOCUMENT INTO YOUR APPLICATION PORTAL ONCE COMPLETED****