School of Nursing Graduate Application
Documentation of Registered Nurse Clinical Hours

Applicant Instructions: Applicant should **ONLY** complete the **top portion** of the form. Applicant will submit the form to Human Resources for the **Registered Nurse Position**. Applicant will have **One Form** for each employer utilized to document their Registered Nurse clinical hours.

Applicant Information:

Name:			Name at time of Employment (if different):
Address:			
City:	State/Territory:	Zip:	Date of Birth:
E-mail:			Mobile #:
Dates of Employment:			Last 4 of SSN:

Applicant Printed Name: _____

Applicant Signature: _____ Date:_____

Human Resources Instructions: Please complete the bottom portion of this form as documentation of this applicant's number of employed hours in a **Registered Nurse Position**. Once completed, please email the form directly to SUGradAdmissions@su.edu.

Applicant's Employee Title(s):_____ Is RN License Required for Position:_____

Dates of Employment: _____ Total Hours worked as Registered Nurse: _____

Facility Name:			E-mail:
Facility Address:			
City:	State/Territory:	Zip:	Phone #:
HR Representative Name:			Best day/time to contact HR (if needed):
HR Representative's Title:			

I verify the accuracy of Applicant's Total Hours employed as a Registered Nurse.

HR Representative's Signature: _____ Date:_____