



**ASSOCIATE DEGREE REGISTERED NURSING PROGRAM  
Work or Volunteer Experience in Healthcare Verification**

**Write legibly (illegible forms will not be accepted) Save as PDF to upload to online application**

1. Complete sections A and B.
2. Ask your *employer/volunteer* coordinator to complete section C and return this form and their cover letter to you on company letterhead. **Make sure they list the position you hold at the agency.**
3. Make a copy of the front and back of your *active* license or certification to include in the PDF document
4. PDF for online application should include: this form, letter from employer, copy of any active license or certification

<b>A. Applicant Information</b>			
<b>Name:</b>	<i>first</i>	<i>middle</i>	<i>last</i>
<b>Address:</b>	<i>number &amp; Street</i>	<i>city</i>	<i>State</i> <i>zip code</i>
<b>Contact Information:</b>	<i>primary phone number</i> (   ) (   )	<i>secondary phone number</i> (   ) (   )	<i>my.whccd.edu email address</i> @my.whccd.edu
<b>B. Employer or Volunteer Facility Information</b>			
<b>Employer/Volunteer Facility Name:</b>			
<b>Type of Health Care Facility:</b>			
<b>Name &amp; Title of Supervisor:</b>			
<b>Address:</b>	<i>number &amp; Street</i>	<i>city</i>	<i>State</i> <i>zip code</i>
<b>Contact Information:</b>	<i>primary phone number</i> (   ) (   )	<i>secondary phone number</i> (   ) (   )	<i>email address</i>
<b>C. Employer or Volunteer Coordinator- Please Complete This Section:</b>			
<b>Position held by applicant:</b>		<b>* Minimum 6 months experience</b>	
<b>Dates of Employment:</b> <b>* Start Date:</b>		<b>* End Date:</b>	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer Work		Total number of hours worked per month <input style="width: 50px; height: 20px;" type="text"/>	
<p><b>( ) Please attach a cover letter on agency letterhead describing the applicant’s work and/or volunteer experience. Return this form and letter to applicant so they can submit with their application.</b> Letter must include the applicant’s name, start date and end date, employment status (full-time/part-time/volunteer), number of hours worked per month, and approximate total of hours worked. Include job title, department, and example of duties (including patient interaction)</p>			
<hr/> <b>Name and title of person completing Section C</b>		<hr/> <b>Signature</b>	<hr/> <b>Date</b>



**Certification of Language Proficiency**  
**•To be submitted with the Registered Nursing Application•**

**Instructions:**

Please complete the following form to meet the criteria for Native Speaker

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**•To be completed by student•**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Student Certification of Proficiency**

Language *other than English*: \_\_\_\_\_

English is:     First Language         Second Language

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**•To be completed by Professor, Clergy Member, or Supervisor•**  
**(NOT A CLOSE FRIEND/RELATIVE)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

•How long have you known the student and in what capacity?

\_\_\_\_\_

\_\_\_\_\_

•How often have you observed the student conversing/translating in this language?

Daily         3+ days per week         1= days per week

•Please rate the student on a scale from 1 (low) to 3 (high) •

Student's proficiency in speaking this language:    **0    1    2    3**

Student's proficiency in writing this language:        **0    1    2    3**

Student's proficiency in reading this language:      **0    1    2    3**

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*I certify that I am fluent in the identified foreign language as listed above and that I have observed the listed student and his/her language skills within the past year.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Life Experiences or special circumstances of an applicant**

**For documentation for this category of the Life Experiences or Special Circumstances**

## **Disabilities**

**Documentation required: documents must be in PDF form to upload to online application**

**Proof of eligibility for Disabled Student Programs and Services (DSPS).**



**Life Experiences or special circumstances of an applicant**

**Veteran**

**For documentation for this category of the Life Experiences or Special Circumstances**

**Documentation required: documents must be in PDF form to upload to online application**

**- Copy of form DD214**



**Life Experiences or special circumstances of an applicant**

**Spouse or dependent of a Veteran or active duty**

**For documentation for this category of the Life Experiences or Special Circumstances**

**Documentation required: documents must be in PDF form to upload to online application**

**- Copy of form DD214 reflecting Honorable Discharge status. If eligible spouse/dependent, also submit copy of Certificate of Eligibility (C.O.E.)**



**Life Experiences or special circumstances of an applicant**

## **Refugee**

**For documentation for this category of the Life Experiences or Special Circumstances**

**Documentation required: documents must be in PDF form to upload to online application**

**- Documentation or letter from USCIS**



**Life Experiences or special circumstances of an applicant**

## **Need to Work**

**For documentation for this category of the Life Experiences or Special Circumstances**

**Documentation required: documents must be in PDF form to upload to online application**

**Paycheck stub from the period of time you were enrolled in RN prerequisite courses, or a letter from employer (must be on organization letterhead) verifying employment was at least part-time while completing courses**



**Life Experiences or special circumstances of an applicant**

## **Low Family Income**

**For documentation for this category of the Life Experiences or Special Circumstances**

**Documentation required: documents must be in PDF form to upload to online application**

**Proof of eligibility or receipt of financial aid under a program that may include but is not limited to: a fee waiver from the Board of Governors, Cal Grant Program, Federal Pell Grant program; or Cal Works**

**Life Experiences or special circumstances of an applicant**





## **First Generation of Family to Attend College**

**For documentation for this category of the Life Experiences or Special Circumstances**

**Documentation required: Personal written (typed) statement-provide brief description on explaining situation or circumstances**

**For documentation for this category of the Life Experiences or Special Circumstances, enter your personal written statement in the text box in the online application. Provide a brief description of the circumstance in this area in 500 words or less**

**We recommend you prepare your statement in a word document so you can cut and paste your statement into the text area of the online application when it becomes available. 500 word limit.**



**Life Experiences or special circumstances of an applicant**

**Disadvantages social or educational environment**

**For documentation for this category of the Life Experiences or Special Circumstances**

**Documentation required: documents must be in PDF form to upload to online application**

**Proof of participation or eligibility for Extended Opportunity Programs and Services (EOPS), Upward Bound Program, or-Proof of participation or eligibility for UMOJA community; Verified form Foster youth; Native American Status**



**Life Experiences or special circumstances of an applicant**

## **Difficult personal and family situations or circumstances**

**For documentation for this category of the Life Experiences or Special Circumstances**

**Documentation required: Personal written (typed) statement-provide brief description on explaining situation or circumstances**

**For documentation for this category of the Life Experiences or Special Circumstances, enter your personal written statement in the text box in the online application. Provide a brief description of the circumstance in this area in 500 words or less**

**We recommend you prepare your statement in a word document so you can cut and paste your statement into the text area of the online application when it becomes available. 500 word limit.**