

Delgado Community College
CHARITY SCHOOL OF NURSING

LPN WORK EXPERIENCE VALIDATION

This form is to be completed by the Human Resources Department/Personnel of each clinical agency where the LPN has worked for the past one/two years prior to application to Charity School of Nursing.

NAME

SOCIAL SECURITY #

The above-named LPN has applied to the Charity School of Nursing:

LPN-to-ADN Curriculum Option _____
(Full time client care work experience in the **2 years** prior to acceptance to the program required; **total of 3000 hours for 2 years.**)

LPN Challenge Option _____
(1 year full time work experience prior to acceptance to program required; minimum 2000 hours within 2 years of challenge application). Applicant must be eligible for admission no later than September to qualify)

The following information is requested in order to complete the application process.

1. Full name and address of clinical facility/agency

2. This nurse is / was employed:

FULLTIME _____ PART-TIME _____
and worked an average of _____ hours each week.

3. Indicate dates of employment as an LPN in your facility:

From _____ to _____
Date Date

4. On what type of clinical unit is / was this nurse employed? (i.e. obstetrics, medical-surgical, long-term care, ambulatory, etc.)

Completed by: _____
NAME

TITLE/POSITION IN HUMAN RESOURCES

DATE _____

PHONE # (____) _____
Area code

Return to:

CORLISS WILSON
Admissions Coordinator
DELGADO COMMUNITY COLLEGE
CHARITY SCHOOL OF NURSING
450 SOUTH CLAIBORNE AVENUE
NEW ORLEANS, LA 70112
PHONE – 504.571-1280 FAX – 504.568.5494

Thank you for your assistance!

THIS FORM MAY BE DUPLICATED TO GIVE TO MORE THAN ONE EMPLOYER IF NEEDED