

**PEARL RIVER COMMUNITY COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**
(Revised 2/10)

LPN EMPLOYER VERIFICATION & RECOMMENDATION FORM

Applicant's Name _____ SS# or PRCC Student ID# _____
LPN License # _____ Telephone # _____
Current Mailing Address _____

TO BE COMPLETED BY CURRENT EMPLOYER:

Agency _____
Address _____
Telephone # _____
Employment Dates: Hire Date: _____ Full-time ____ Part-time ____ PRN ____
Position/Responsibilities _____
Average of hours per week worked: _____

Employer Statement of Recommendation: _____

Printed Name _____ Signature _____
Title _____ Date _____

Please Return to: Pearl River Community College, Department of Nursing Education, Box 5760, Poplarville, MS 39470

AGENCY STAMP OR **To be valid, this form must have the institution's stamp or seal.
If your agency does not have a stamp or seal, please notarize.**

TO BE COMPLETED BY EMPLOYER VERIFYING ONE YEAR OF WORKING EXPERIENCE IN AN ACUTE CARE OR LONG-TERM CARE AGENCY WITHIN THE LAST 3 YEARS.

Agency _____
Address _____
Telephone # _____
Employment Dates: Date: _____ to _____ Full-time ____ Part-time ____ PRN ____
Position/Responsibilities: _____
Average of hours per week worked: _____

Employer Statement of Recommendation: _____

Printed Name _____ Signature _____
Title _____ Date _____

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