

**ARKANSAS STATE UNIVERSITY
ASSOCIATE OF APPLIED SCIENCE IN NURSING
DOCUMENTATION OF WORK EXPERIENCE**

Student Name: _____ ASU ID#: _____

If you completed your LPN/LPTN program less than 12 months prior to this application, you are not required to have work experience.

If it has been greater than 12 months since graduation, the applicant must provide proof of work experience reflecting a minimum of 1,000 hours of nursing employment during the past 12-24 months. The Documentation of Work Experience form must be mailed from the employer within their official envelope. To submit this documentation, please see the address at the bottom of this form.

****Note:** If documentation is not submitted properly, it will be disposed of and a new form will be asked to be resubmitted properly.

I hereby attest that I have worked _____ hours or more within the past _____ in the area of Nursing. All hours counted were performed under the direction of a RN, DO, MD, Dentist.

Signature of Applicant Date

Our signature below confirms that _____ has completed over _____ hours work within the past _____ months at

(Name of Institution)

Supervisor (RN, DO, MD, Dentist) Date

Human Resources Representative Date

Program Director's Signature: _____

Rev: 1/15/15

**Employer – please mail directly to:
School of Nursing
Attn: LPN-AASN Admissions Committee
P.O. Box 910
State University, AR 72467**