



Advanced Practice RN Employment Verification

Experienced, practicing Advanced Practice Registered Nurse (APRN) can waive NSG 641 Advanced Pharmacology I, NSG 681 Advanced Physical Assessment, and NSG 682 Advanced Pathophysiology.

To waive these three courses you must be admitted in accordance with National University's existing admission requirements and processes for graduate level coursework, provide proof of your current, active and unencumbered APRN and RN License Certification, and you must be employed.

To validate your current employment, please complete the form below. Your name, company name and the date must be legible on the document.

SECTION I: Employee's Information and Attestation

I attest that I am currently employed as an Advanced Practice Registered Nurse with the organization mentioned in Section 1.

Student's Name _____ Student ID# _____

Business Telephone _____ Work Email _____

Company _____ Job Title _____

Company Address _____

If you are not presently employed, indicate your last date of employment _____

License/Certification # and State _____ RN License # and State _____

Please attach a copy of the job responsibilities.

Employee/Student Certification (to be completed and signed by person in Section I)

To the best of my knowledge, the information is true and correct. I authorize the release of employment information as requested below in Section II.

Signature of Employee/Student _____ Date _____

SECTION II: Employer Review and Verification (to be completed by current employer)

The individual named in Section I is/was employed beginning _____

Please check one of the following boxes concerning the employee's status:

Still employed by the company _____ Start date or total length in position: _____

Voluntary termination effective _____ Involuntary termination effective _____

CERTIFICATION: I attest that I have examined the document(s) presented by the above-named employee, (1) the above information appears to be genuine and relates to the employee named, and (2) to the best of my knowledge the student is a current employee.

Signature of person completing Employer's Section _____

Print Name _____ Title _____

Business Telephone _____

Business Email _____