

PROOF OF LICENSE/CERTIFICATION: RN

I hereby attest the following information to be true and accurate.

The following applicant, _____, holds a current and active license
or certification by the state of _____ to practice as a Registered Nurse (RN).

My license/certification number is _____

and it is valid from _____ to _____.

DATE

DATE

Required evidence of license/certification as part of this application includes the above attestation and a **copy of your current and active state license/certification**.

APPLICANT SIGNATURE_____
DATE**PROOF OF LICENSE/CERTIFICATION: APRN**

I hereby attest the following information to be true and accurate.

The following applicant, _____, holds a current and active license
or certification by the state of _____ to practice as an Advanced Practice

Registered Nurse (APRN). My license/certification number is _____

and it is valid from _____ to _____.

DATE

DATE

Required evidence of license/certification as part of this application includes the above attestation and a **copy of your current and active state license/certification**.

APPLICANT SIGNATURE_____
DATE

PROOF OF EMPLOYMENT

I hereby certify the following applicant, _____, is a current
APPLICANT NAME, PRINTED
 employee of the below agency.

AVERAGE HOURS OF EMPLOYMENT PER WEEK	AGENCY/FACILITY

_____ SUPERVISOR/MANAGER/DIRECTOR NAME, PRINTED	_____ CREDENTIALS
_____ SUPERVISOR/MANAGER/DIRECTOR EMAIL	_____ PHONE
_____ SUPERVISOR/MANAGER/DIRECTOR SIGNATURE	_____ DATE
_____ APPLICANT SIGNATURE	_____ DATE

EMPLOYMENT AGREEMENT

If enrolled at Clarkson College, it is the student's responsibility to seek and maintain employment throughout his/her enrollment in the program. All Clarkson College students are required to verify employment as a registered nurse annually in the CastleBranch system.

_____ APPLICANT SIGNATURE	_____ DATE
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