

**CERRITOS COLLEGE NURSING DEPARTMENT
WORK VERIFICATION FORM**

All students applying as Licensed Vocational Nurses to the Cerritos College Associate Degree Nursing program must have their immediate work supervisor complete this form. Once completed, please return to the Cerritos College Nursing Department.

Student Name _____

Position at place of employment _____

Work Title _____

Dates of employment in this position _____

Acute care _____ Extended care _____
(check one)

Job responsibilities _____

Name of institution _____

Supervisor's Name _____
(please print)

Supervisor's Signature _____

Title _____

Phone _____ Date _____