



**NURSING DEPARTMENT  
LVN WORK VERIFICATION FORM**

All students applying as Licensed Vocational Nurses to the Cerritos College Associate Degree Nursing Program must have their immediate work supervisor attest to their LVN work experience. Please clearly print, complete, and sign this form and return it to the applicant for submission with their application.

Applicant Name \_\_\_\_\_  
First name Last name

Name of institution \_\_\_\_\_

Position at place of employment \_\_\_\_\_

Work Title \_\_\_\_\_

Dates of employment in this position \_\_\_\_\_

Acute care \_\_\_\_\_ Extended care \_\_\_\_\_  
(Check one)

Job responsibilities:

\_\_\_\_\_

Supervisor's Name \_\_\_\_\_  
(Please print)

Supervisor's Signature \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_