

# Clark College Nursing Program Healthcare Experience Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SID: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Credential/License Type: \_\_\_\_\_ Credential Number: \_\_\_\_\_ State: \_\_\_\_\_

**HEALTHCARE EXPERIENCE & CERTIFICATIONS** Students may earn up to 5 points for healthcare experience and/or work experience in a medical setting with supporting documentation of certification/license. A medical setting is a hospital, clinic, nursing home or other environment where licensed practitioners diagnose, treat, and prevent acute and chronic illness or injury.

## Work experience hours:

Please use this Healthcare Work Experience Form to document your experience. *If total hours earned are from multiple experiences, use one form per organization/agency.* Points can be earned from only one category listed below. Hours must be completed within the past 10 years (from date of anticipated start in the program).

- **Healthcare Category I:** Applicants who have earned certification as one of the following: CNA, LPN, CMA, EMT, Paramedic, Military Medic, Hemodialysis Tech, or Respiratory Therapist AND have completed hours of post-certification, paid work experience within a medical setting.
  - 1921+ hours = 5 points
  - 1061 – 1920 hours = 4 points
  - 960 – 1060 hours = 3 points
- **Healthcare Category II:** Applicants without one of the above-designated certifications who have a minimum of 960 hours of paid work experience within a medical setting.
  - WITH direct patient contact = 2 points
  - WITHOUT direct patient contact = 1 point

## HEALTHCARE RELATED EXPERIENCE POINTS: REQUIRED DOCUMENTATION

1. Must submit an official job description from employer that outlines the duties performed.
2. Human Resources/Supervisor must complete and sign the bottom portion of this form.
3. Submit supporting documentation of certification/licensure.

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## THIS SECTION MUST BE COMPLETED BY SUPERVISOR OR HR APPROVED REPRESENTATIVE

Name of Company/Facility: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant Position Title: \_\_\_\_\_ Total number of hours completed: \_\_\_\_\_

Employment start date: \_\_\_\_\_ Employment end date: \_\_\_\_\_

Contact information may be used to verify information provided on this form.

Contact Name and Title \_\_\_\_\_

Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

Signature of Human Resources Associate/Supervisor \_\_\_\_\_ Date \_\_\_\_\_