

## Documentation of Employment for LPNs and Paramedics Summary

Please print: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ ChSCC ID #A \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

In order to be eligible for enrollment in the Chattanooga State LPN and Paramedic to RN Transition Program all LPN's and paramedic's must provide proof of a minimum of 400 hours of employment as an LPN or Paramedic within two years of the application deadline.

Attached to this form is a Verification of Employment form that must be completed by your employer(s) to document the required work experience. Once completed, provide the following summary information related to your employment history that documents 400 hours of employment as an LPN or paramedic in the past two years. Attach a signed Employment Verification form for each employer listed below. Keep in mind that this only includes employment within two years of the application deadline.

### Important Note about the Documentation of Employment Form:

**Attach the Documentation of Employment and Verification of Employment forms to your nursing program application or update form. Applications will not be processed without this information.**

### Employment Summary:

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Average Hours per Week: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Employer: \_\_\_\_\_

Superior: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Average Hours per Week: \_\_\_\_\_

Total Hours: \_\_\_\_\_

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