Employment Verification Form

This form is to be completed by a representative from your place of employment. Either a human resources representative or your clinical area supervisor will suffice. Include the completed form with your admission application materials to:

Northern Kentucky University
Office of Graduate Education
302 Lucas Administrative Center
Highland Heights, KY 41099
859-572-6364 (Phone) 859-572-6670 (Fax)
graduate@nku.edu

To be filled out by student:
Name:___________________________________ Date of Birth:________________

Program Applying for(circle one):  MSN  Post-MSN  NP-Advancement  DNP
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By signing below, I verify that the above mentioned applicant has completed ____________ hours of employment at______________________________________________ as a :

_____ Registered Nurse
_____ Nurse Practitioner
_____ Other:_________________________________________

___________________________________________
Name

___________________________________________
Title

___________________________________________
Signature