

OZARKS TECHNICAL COMMUNITY COLLEGE

Employer Work Experience Statement Practical Nursing Advanced Hybrid Track

Please print clearly with a pen.

Name of Candidate _____

Name of Supervisor _____

Name of Employer _____

Role of Candidate EMT CNA CMA Non-Certified NA

I hereby attest that the above-named candidate has been employed for a minimum of two months working as a EMT, CNA or CMA or 6 months working as a non-certified Nurse Assistant in past 2 years. Further, I attest that the candidate's primary work responsibility has been DIRECT (hands-on) patient care.

Indicate dates of employment: From _____ To _____
Include month and year include month and year

X _____
Signature of Supervisor

X _____
Date