Employment Verification Form

Dear Human Resources Director,

The below named individual is applying for admission to the Bachelors/Masters of Science in Nursing program at SUNY Polytechnic Institute. Verification of work experience as a professional registered nurse is a requirement. Please record below the accumulated number of hours the applicant has worked with your organization as a registered nurse. Verify this information by signing, and return the completed form to the Undergraduate Admissions Office.

Submission Options:
Mail: SUNY Polytechnic Institute • Undergraduate Admissions Office • 100 Seymour Road • Utica, NY 13502
Fax: 315-792-7837 • Scan/E-mail: admissions@sunypoly.edu

Thank you for your assistance.

Applicant Information

_____

Name of Applicant

❏ *BS/MS Nurse Practitioner Applicant*
❏ *BS/MS Nursing Education Applicant*

Employment Information

_____

Name of Organization

_____

Address of Organization

_____   _____

Number of hours employee has worked as a registered nurse   *Dates of employment*

Verified by

Print Name _____

Title _____

Signature _____   *Date* _____

Phone _____   *E-mail* _____

Note to Applicant: Making a false statement or misrepresentation of this form is considered a breach in the SUNY Polytechnic Institute Academic Integrity Policy as outlined in the student handbook.