

# EASTERN FLORIDA STATE COLLEGE

## VERIFICATION OF HEALTH-RELATED EXPERIENCE

The Nursing / Health Science applicant listed below has applied for our

(print program name) \_\_\_\_\_ program.

(Applicant) **Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **M.I.** \_\_\_\_\_

has been employed/volunteered with (name of business)

\_\_\_\_\_

**from** (month/day/year)\_\_\_\_/\_\_\_\_/\_\_\_\_ **to** (month/day/year)\_\_\_\_/\_\_\_\_/\_\_\_\_,

on an average of \_\_\_\_\_ **hours per week** as a (an)

(job title) \_\_\_\_\_

We would appreciate an attached statement concerning this applicant and give a general description of his/her duties while under your supervision/employment.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S NAME (PRINT)

\_\_\_\_\_  
SUPERVISOR'S TITLE

\_\_\_\_\_  
BUSINESS STREET ADDRESS

\_\_\_\_\_  
BUSINESS PHONE

\_\_\_\_\_  
CITY STATE ZIP CODE

**PLEASE RETURN BY-** **Mail:** Eastern Florida State College  
**ATTN: Nursing & Health Sciences Admissions**  
**1519 Clearlake Road Cocoa, FL 32922**  
**Fax:** 321-433-7579  
**Email:** healthscience@easternflorida.edu

*\*This form must be received by the application deadline of the applicant's intended program.\*  
If you have any questions, please call 321-433-7575*