

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
Building 15, Room 101
3865 North Wickham Road Melbourne, FL 32935**

OR

**Eastern Florida State College
ATTN: Nursing & Health Sciences Admissions
Building 11, Room 206
1519 Clearlake Road Cocoa, FL 32922**

OR

**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