



Umpqua Community College
Nursing Program Application



HEALTHCARE WORK EXPERIENCE
Umpqua Community College Nursing Program
Application for Fall Entry

Student Name: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_
Print applicant name Signature of applicant

Dear Employer/Supervisor/Human Resources Manager/Commanding Officer:

The above individual is planning to apply to the UCC Nursing program by February 16, 2022. To earn up to five (5) points in the selection process, the applicant must prove accumulation of a minimum of 500 hours work experience within the last 3 consecutive calendar years, caring for human patients in a position requiring them to have unencumbered certification as an Oregon certified nursing assistant (CNA-1 or 2), or licensure or national certification as a licensed practical nurse (LPN), Respiratory Therapist, emergency medical technician (EMT), paramedic, certified medical assistant, or service as a medic or corpsman in one of the Armed Services. By providing this form to you to complete, this applicant is giving you permission to provide the requested information. To assist this applicant with the process, please fill in the requested information responding to all questions, seal it in an envelope (preferably a company letterhead envelope), sign your name across the seal, and return it to the applicant. Points will not be awarded if the form is incomplete.

Even if their employment with you is for less than 500 hours, the applicant may submit documents from more than one employer in order to provide proof of required hours of work experience for up to three (3) points.

Applicants with work experience in any area of healthcare not listed above may be awarded up to two (2) points if you complete this form and they attach it to the application with their explanation for why their experience should be considered.

The applicant must attach the sealed envelope to the application and postmarked no later than February 16, 2021 to be eligible for the points. If you have any questions, you may call UCC Nursing at (541) 440-4614. Thank you for your assistance.

April M. Myler, MSN, RN

April M. Myler, MSN, RN
UCC Director of Nursing

Please identify the healthcare role/position held by this applicant in your organization:

\_\_\_\_\_

Did this position require Oregon certification or licensure or national certification as indicated above?
Yes \_\_\_\_\_ No \_\_\_\_\_

If not one of the roles listed above, what degree or licensure or certification or training was required for the role?

\_\_\_\_\_

Total Number of Hours Worked here as \_\_\_\_\_ / \_\_\_\_\_
Insert role above Insert total hours above

Signature & Printed Name / Title of: Supervisor -or- HR Manager -or- Commanding Officer

Print Name of Facility/Organization

Phone Number