



## Employment Verification Form

**Dear Nurse Manager or Human Resources Designee:**

The below named individual is applying to the Bellarmine University Nurse Anesthesia Program. Verification of work experience as a registered professional nurse in a critical care setting is a requirement of the application process. Please verify the information below and return the completed form to the applicant. Thank you for your assistance.

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Employment Type:     Full-Time     Part-Time     Per Diem

Primary area of clinical practice (e.g., MICU, SICU, CVICU, PICU, NICU): \_\_\_\_\_

Please indicate which of the following the above named applicant manages on a routine basis (select all that apply):

Mechanical Ventilation                       Vasoactive Infusions                       Swan Ganz Catheter

Central Venous Pressure                       Arterial Line                       Intra-aortic balloon pump

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Verified By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Applicant Authorization to Release Information:

I, \_\_\_\_\_, authorize my current and/or past employer to release information regarding the number of full-time equivalent years I worked in a critical care setting under their employment. I understand this information will only be used to determine my eligibility for the Bellarmine University Nurse Anesthesia Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

