STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

Board of Vocational Nursing and Psychiatric Technicians
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EMPLOYMENT VERIFICATION – NURSING EXPERIENCE

In order to receive credit for nursing experience, State law requires that the Board obtain verification of employment and certification from the Registered Nurse (RN) Director or Supervisor that the applicant has demonstrated the required knowledge and skills during the applicant's *paid general duty inpatient bedside nursing experience*.

INSTRUCTIONS TO APPLICANT:

- Complete Part I on the second page of this form and provide a copy of both pages to each employer for the past ten (10) years. (You may reproduce as many copies of this form as needed.)
- This form must be completed in full by the RN Director or Supervisor and ***returned directly to you in the employer's sealed business envelope. The UNOPENED sealed envelopes containing the Employment Verification Forms must be submitted to the Board with your Application for Vocational Nurse Licensure.***
- If you already have an application on the file with the Board and are submitting additional experience, the employment verification form may be submitted to the Board by the applicant or the employer, but must be received in the employer's sealed business envelope.

Please be advised that employment verification forms that appear to have been opened or altered will not be accepted. The Board conducts random audits to verify the accuracy of the information submitted. Discrepancies or false statements included in the application can result in licensure denial.

INSTRUCTIONS TO EMPLOYER:

The applicant on page two of this form is applying for licensure as a vocational nurse under Section 2873 of the Business and Professions Code. In order for the applicant to receive credit for nursing experience, State law requires the Board to obtain verification of employment and certification from the RN Director or Supervisor that the applicant has demonstrated required knowledge and skills during the applicant's *paid general duty inpatient bedside nursing experience*.

- Please complete Parts II, III and IV on page two of this form and ***return it to the applicant in a sealed business envelope.*** Indicate on the outside of the envelope ***"Employment Verification Enclosed – Do Not Open"***. It is the applicant's responsibility to collect the Employment Verification Form(s) and submit them with the application for licensure.
- **Part II:** Indicate the name and type of facility where the experience was obtained.
- **Part III:** Provide the specific dates that the applicant worked under your supervision, in the area of nursing being verified. Additionally, indicate if the applicant was employed full time (40 hrs./wk.) or part time and include the number of hours worked in each area. The Board MUST receive a breakdown of the number of hours spent in each area, in order to evaluate the experience.
- **Part IV**: Indicate whether the applicant has satisfactorily demonstrated each of the knowledge and skills with safety to the patient. The skills listed in Part IV(B) may be demonstrated in classroom, lab, and/or patient care settings.

Thank you for your assistance. Please feel free to contact the Board at (916) 263-7800 if you have any questions.

BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS
EMPLOYMENT VERIFICATION – NURSING EXPERIENCE

Part I is to be completed by the applicant and submitted to employers for verification of nursing experience. The remainder of this form must be completed by the RN Director or Supervisor and returned to the applicant by the employer in a sealed business envelope. FORMS CONTAINING STRIKEOUTS OR CORRECTIONS WILL NOT BE ACCEPTED. (See Page 1 for detailed instructions on how to complete this form.)

Part I: To be completed by the Applicant (print or type - do not use pencil):

1. NAME (LAST)	(FIRST)	(MIDDLE)
2. ADDRESS	(STREET OR BOX NUMBER)	(APT. NO)
3. CITY	STATE	ZIP
4. NAME WHILE EMPLOYED AT THIS FACILITY:	5. SOCIAL SECURITY NUMBER* **NOT required, but may assist employer in locating records*	6. DAYTIME TELEPHONE NUMBER ( )_____ Area Code

Part II: To be completed by the Employer - Indicate the name and type of facility where the experience was obtained:

Name of facility where experience was obtained:

Type of facility: □ Acute or sub-acute(hospital) □ Convalescent □ Skilled Nursing/Long Term Care □ Assisted Living
□ Home Health □ Outpatient Clinic/emergency care □ Other

Part III: To be completed by the Employer - Include dates and the area of nursing being verified. Indicate if employment was full-time (40 hrs/wk) or part-time and include the total number of hours worked in each area:

Areas of Bedside Nursing Experience	Employment Period: (Month/Date/Year)	Hours Worked Per Week	Total Hours In Each Area	For Office Use Only
Medical-Surgical Nursing	From: / / To: / /			
Pediatric Nursing	From: / / To: / /			
Maternity Nursing	From: / / To: / /			
Genitourinary Nursing	From: / / To: / /			
Psychiatric Nursing	From: / / To: / /			
Office Nursing	From: / / To: / /			
Long Term Care/Convalescent	From: / / To: / /			
Private Duty (in a general acute care facility)	From: / / To: / /			
Other:	From: / / To: / /			

Part IV: To be completed by the Employer - Indicate if the applicant has satisfactorily demonstrated the following knowledge and skills with safety to the patient:

Knowledge and Skills	Demonstrated YES	Demonstrated NO	Knowledge and Skills	Demonstrated YES	Demonstrated NO
A. Basic Bedside Nursing					
1. Ambulation Techniques			9. Intake and Output		
2. Bedmaking			10. Personal Hygiene and Comfort Measures		
3. Urinary Catheter Care			11. Positioning and Transfer		
4. Collection of Specimens			12. Range of Motion		
5. Diabetic Testing			13. Skin Care		
6. Administration of a Cleansing Enema			14. Vital Signs		
7. Feeding Patient			15. Communication Skills, Both Verbal and Written, Including Communication With Patients Who Have Psychological Disorders		
8. Hot and Cold Applications					
B. Infection Control Procedures (may be demonstrated in classroom, lab, and/or patient care settings)					
1. Asepsis			2. Techniques for strict, contact, respiratory, enteric, tuberculosis, drainage, universal and immunosuppressed patient isolation.		

TO BE SIGNED BY THE RN DIRECTOR OR SUPERVISOR: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Signature: _____ Print Name_____
Nursing License # _____Exp. Date:_____ Telephone Number: (_____)_ _____
Address: _____ Today's Date: _____
City/State: _____ Zip Code:_____