



## **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 RN/LVN Supervisor that the applicant has demonstrated the required knowledge and skills during the applicant's *paid general duty bedside nursing experience*.

### **INSTRUCTIONS TO APPLICANT:**

- Complete Part I on the second page of this form and provide a copy Part II through IV on pages three and four of this form to each employer you worked for during 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 RN/LVN 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, as identified 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, California law requires the Board to obtain verification of employment and certification from the RN Director or RN/LVN Supervisor, that the applicant has demonstrated required knowledge and skills during the applicant's paid general duty bedside nursing experience.

- Please complete Parts II through V, on pages three and four 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 skill with safety to the patient. The skills listed in Part IV(B) may be demonstrated in classroom, lab, and/or patient care settings.
- **Part V:** Declaration and signature of RN Director or RN/LVN Supervisor

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 & PSYCHIATRIC TECHNICIANS**  
 2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833-2945  
 Phone (916) 263-7800 Fax (916) 263-7855 Web [www.bvnpt.ca.gov](http://www.bvnpt.ca.gov)

**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 RN/LVN 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		6. DAY PHONE NUMBER ( ) _____ Area Code

**PLEASE NOTE: UNDER CALIFORNIA CODE OF REGULATIONS, TITLE 16, SECTION 2521. THE LICENSE OF AN APPLICANT WHO PROCURES A LICENSE BY FRAUD, MISREPRESENTATION, OR MISTAKE MAY BE DENIED, SUSPENDED OR REVOKED.**

Applicant Signature: _____  Print Name: _____
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**PART II: TO BE COMPLETED BY THE EMPLOYER**

**Indicate the name and type of facility where the bedside experience was obtained:**

Name of facility where experience was obtained:
Type of facility: <input type="checkbox"/> Acute or sub-acute (hospital) <input type="checkbox"/> Convalescent <input type="checkbox"/> Assisted Living <input type="checkbox"/> Home Health <input type="checkbox"/> Outpatient Clinic/emergency care <input type="checkbox"/> Skilled Nursing/Long Term Care <input type="checkbox"/> Other Explain( )

**PART III: TO BE COMPLETED BY EMPLOYER**

*Under California Code of Regulations, title 16, section 2516, persons who desire to qualify for licensure must complete within the 10 years prior to the date of application not less than 51 months of paid general duty inpatient bedside nursing experience in a clinical facility, at least half of which shall have been within five years prior to the date of application. The applicant must also complete a pharmacology course as identified in California Code of Regulations, title 16, section 2516(b)(2).*

*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 EMPLOYER**

*Under California Code of Regulations, title 16, section 2516(b)(1), paid general duty inpatient bedside nursing experience is the performance of direct patient care functions provided throughout the patient's stay that encompass the breadth and depth of experience equivalent to that performed by the licensed vocational nurse.*

*Indicate if the applicant has satisfactorily demonstrated the following skills including patient safety:*

Knowledge and Skills	Demonstrated		Total Hours Performed	Description of applicant's clinical performance demonstrating the breadth and depth of experience equivalent to that of a licensed vocational nurse:
	YES	NO		
1. Ambulation Technique				
2. Bedmaking				
3. Catheter Care				
4. Collection of Specimens				
5. Diabetic Urine Testing				
6. Administration of a Cleansing Enema				
7. Feeding Patient				
8. Hot and Cold Applications				
9. Intake and Output				
10. Personal Hygiene and Comfort Measures				
11. Positioning and Transfer				
12. Range of Motion				
13. Skin Care				
14. Vital Signs				
1. Asepsis				
2. Techniques for strict, contact, Enteric, tuberculosis, drainage, universal and immunosuppress patient isolation.				

**PART V: SIGNATURE BY RN DIRECTOR OR RN/LVN SUPERVISOR:**

***I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT:***

Signature: \_\_\_\_\_  
 Nursing License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Print Name: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_  
 Today's Date: \_\_\_\_\_



**\*\* NOTICE\*\***

**Paid Work Experience Verification**

To ensure the protection of the public, the Board requires a verification from the Human Resources (HR) office where the paid work experience was received. This verification is in addition to the RN Director or RN/LVN Supervisor providing the information requested in the Employment Verification – Nursing Experience form (55A-12).

HR should provide the following information:

- Employee's name while employed at the facility;
- Social security number/Tax ID number;
- Employee's working title;
- Employment period;
- Total hours worked;
- List department(s) employee assigned to.

**This information must be provided by the HR office, on the employer's letterhead. The person verifying the employment must include their printed name, signature, title, and date signed. The HR verification must be submitted directly to the Board in the employer's sealed business envelope to the address listed below:**

*Board of Vocational Nursing and Psychiatric Technicians  
2535 Capitol Oaks Drive, Suite 205  
Sacramento, CA 95833*