SAMPSON COMMUNITY COLLEGE
P.O. Box 318, Clinton, NC 28329
910.592.8081
sampsoncc.edu

ADN Advanced Placement
Verification of Practice

By my signature, I affirm that _____
(Print full name of LPN)

is working or has worked in the role of Licensed Practical Nurse full-time or part-time
(circle one) (circle one)

_____ to _____ for the last two years in a(n)
(Start date) (End date or "Still Employed")

Medical/Surgical acute care hospital or Skilled Nursing Facility. Total hours worked for the
(circle one)

last two years is _____.

Did you graduate less than a year ago? If so, where?

_____

_____ _____
Employee Verification Signature from Nursing or Human Resource Department *Date*

_____
Printed Name AND Title

_____ _____
Printed name of Employing Agency/Facility *Contact Phone Number*

_____
License Number

Applicants may duplicate this blank form if multiple copies are needed.

This form should be mailed to:
Sampson Community College
Post Office Box 318
Clinton, North Carolina 28329
Attn: Ma'Ishia Weeks - Administrative Assistant Health Programs