



Nursing Experience Verification Form

EMPLOYEE – Complete this section, sign and date, attach copy of resume.

Date Completed _____

Name _____

Other Names Used _____

Please check the one of the following: Registered Nurse Nurse Practitioner

License Issue Date _____ County where license was issued _____

Number of years since NP or RN license was received (US and Foreign) _____

Number of years worked as RN or NP (US and Foreign) _____

HIRING SUPERVISOR – Complete this section comparing it to the resume and information provided by the applicant.

Appointed Position _____ Department/Division _____

*Nurses are placed on the appropriate step according to UCSD’s hiring grid. UCSD’s method of providing credit for relevant experience for nurses, including service for Student Health Care Nurses, will be measured up to the first day of May coinciding with or prior to their date of hire.

Total number of years relevant experience _____

Comments (Note if gap in work history from time license was received)

Signature Area

I hereby acknowledge the information provided is accurate to the best of my knowledge. Falsification of this information may result in termination.

Employee Signature

Hiring Supervisor’s Signature

Date

Date

HR Manager’s Signature

Department

Date