UNIVERSITY of CALIFORNIA, SAN DIEGO
HEALTH SCIENCES

NON Nursing Experience Verification Worksheet for Nurses

Unaccounted Time and/or Unrelated Experience

List all unaccounted time and/or unrelated experience beginning with the hire and termination dates of employment for each unaccounted time and/or unrelated experience. Provide the total amount of unaccounted time and/or unrelated experience for each position/reason in the subtotal column.

Title	Employment Began FROM	Employment Ended TO	Subtotal for each position
		Unaccounted Time and/or Unrelated Experience TOTAL	

Unaccounted time and/or unrelated experience may not be included in RN or NP experience. Enter the RN or NP total on the Experience Verification form in the "Total Number of Years Relevant Experience" box.

Verification Completed By_____ **Date Completed** _____
Hiring Supervisor

Attach to Nursing Experience Verification Form with license verification from primary source. File in Department Personnel File