



Specialty Nurse Certification Verification

This form is to be used for nurses in the Registered Nurse Unit, represented by the California Nurses Association, in a career position working in the specialty in which s/he is certified and most of his/her work is in this specialty area; the nurse maintains current certification; and, is certified by a University recognized professional organization, Board or Agency.

Certificate must include the issuing agency and certification eligibility dates. Board scores are not acceptable.

Name _____ Employee ID _____

Department/Unit _____

Is the employee in a career position in the specialty in which s/he is certified Yes No

University recognized professional organization, Board or Agency Yes No

Is the certification currently in effect? Yes No

Certification is effective from: _____ to _____

Attach photocopy of the certification below

The above certification has been verified by:

HR Manager

Date

Department

Copy to Department Personnel File