

**VERNON COLLEGE
ASSOCIATE DEGREE NURSING (ADN)
CERTIFICATE/LICENSURE VERIFICATION OF DOCUMENTED
PRACTICE HOURS FORM**

**Save document as: VCDPH student's last name then first name Ex. VCDPHDoeJane
The student is responsible for completion and uploading this form with application.**

To be completed by student

Applicant Full Name:

VC ID Number:

I do I do not authorize the Vernon College Nursing Department to contact the supervisor or hiring department listed below to verify any documentation needed.

Signature:

Date:

To be completed by supervisor or hiring department

Agency:

Agency Address:

Agency Phone Number:

Supervisor Name and Title:

Applicant Name and Title:

Number of Documented Practice Hours:

I verify that the documented practice hours are true, correct, and complete.

Signature:

Date:

Vernon College Nursing Office use only:

Not Valid

Valid

>5000

2000-5000

<2000