ASN Program – LPN-RN Bridge Option
Employment Verification Form

Instructions

- Student completes Section I.
- Employer completes Sections II–IV.
- Submit completed form to the ASN Program Office prior to the start of the LPN-RN Bridge option occupational courses.

Section I: Student Information and Release of Information

Student Name: _____

Date of Birth: _____

Student ID: _____

I authorize my employer to release the information requested above to Southern Regional Technical College for the purpose of verifying my eligibility for the LPN to RN Bridge option.

Student Signature: _____ Date: _____

Section II: Employer Information

Employer Name/Facility: _____

Department/Unit: _____

Address: _____

Phone Number: _____

Supervisor/HR Representative Name & Title: _____

Section III: Employment Verification

This is to verify that the above-named individual has been employed as a Licensed Practical Nurse (LPN) with the following details:

Employment Status: ☐Full-time ☐Part-time

Job Title: _____

Employment Start Date: _____ Employment End Date: _____ ☐ Current Employee

Section IV: Employer Attestation

I certify, to the best of my knowledge, that the information provided above is true and accurate, and that the employee satisfied all qualifications and regulatory requirements necessary for employment as an LPN.

Employer Representative Signature: _____

Printed Name & Title: _____ Date: _____

Contact Number: _____