



Employment Verification Form

This form is to be completed by a representative from your place of employment. Either a human resources representative or your clinical area supervisor will suffice. Include the completed form with your admission application materials to:

**Northern Kentucky University
Office of Graduate Education
302 Lucas Administrative Center
Highland Heights, KY 41099
859-572-6364
graduate@nku.edu**

To be completed by student:

Name: _____ Date of Birth: _____

Program Applying for (check one): MSN Post-MSN NP-Advancement DNP

By signing below, I verify that the above mentioned applicant has completed _____ hours of

employment at _____ as a:

Registered Nurse in the Critical Care Unit
Nurse Practitioner
Other:

HR Representative/Supervisor Name

Title

Signature

Date