



POST-LPN BACHELOR OF NURSING

Verification of LPN Employment

Assiniboine College's Post-LPN Bachelor of Nursing program requires applicants to be currently employed in a nursing role and provide documentation confirming at least 4,000 hours of nursing practice experience as a Licensed Practical Nurse (LPN).

Applicant: Complete and sign Part 1. Request each employer whose hours are needed to meet the 4,000 hour requirement to complete Part 2 of this form. Use a separate Part 2 form for each employer. Hours worked beyond 4,000 hours do not need to be verified.

Submit both completed forms (Part 1 and Part 2) with your online application or email your documents to admissions@assiniboine.net.

PART 1 - APPLICANT/EMPLOYEE INFORMATION

Last Name:		First Name:	
Date of Birth:		Student ID: (if available)	

I have worked a minimum 4,000 hours as a Licensed Practical Nurse? ☐ Yes ☐ No

Applicants are required to have a minimum of 4,000 hours worked at the time of application to be eligible for admission into the program.

Starting with your current employer, list your applicable LPN employment below. For ongoing employment, enter *present* as the end date and report hours worked to date.

Position	Facility	Start Date	End Date (if applicable)	Hours Worked

By signing this form, I confirm:

- The information I have provided is accurate and true.
- I authorize my employer to disclose the employment information requested on this form to Assiniboine College for admission assessment.
- I authorize Assiniboine College to contact my employer to verify this information.

Applicant Signature: _____

Date: _____



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Human Resources: Complete and sign Part 2 using your organization's employment records. Report only

PART 2 - EMPLOYER INFORMATION AND DECLARATION (To be completed by Human Resources)			
Applicant/Employee's Employment Information			
Employee Name:			
Start Date:		End Date: (if applicable)	
Position:			
Has the employee worked at least 4,000 hours as a Licensed Practical Nurse? ☐ Yes ☐ No			
If no, confirm how many hours have been worked:			

Employer & Facility Information	
Health Authority / Employer:	
Facility Name:	
Facility Address:	

Human Resources Representative Information			
Name:		Title:	
Email:		Phone Number:	

I confirm that I am authorized to verify employment on behalf of the employer and that the above information provided is true and accurate according to our employment records.

HR Signature: _____

Date: _____

Please return this completed form to the employee.