CONCORDIA UNIVERSITY IRVINE

Accelerated Bachelor of Science in Nursing (ABSN) Program

Healthcare Work or Volunteer Hours Verification

All applicants **MUST** complete **SECTION A**. Make sure your name match the application you had submitted online.

Applicant's name: _____
Last *First* *Middle Initial (Maiden)*

Intended ABSN Term *(choose only one)* : ☐ Spring 20____ ☐ Summer 20____ ☐ Fall 20____

Section A:

Check **one** option below:

☐ I am currently working as **OR** recently completed the following program (*check all applicable*). **Attached a copy of your active license and/or certification**. **SKIP SECTION B**.

- ☐ Certified Nursing Assistant (CNA)
- ☐ Emergency Medical Technician (EMT)
- ☐ Registered Dental Assistant
- ☐ Phlebotomist (CPT I or II)
- ☐ Paramedic
- ☐ Licensed Vocational Nurse
- ☐ Licensed Physical Therapy Asst.
- ☐ Licensed Occupational Therapy Asst.
- ☐ Licensed Psychiatric Technician
- ☐ Medical Assistant
- ☐ Respiratory Therapist
- ☐ Military Corpsman or Medic
- ☐ Home Health Aid

☐ I **do not** have ANY of the above license or certification. However, I am currently volunteering or have medical related experiences in the last 5 years. **COMPLETION OF SECTION B IS REQUIRED.**

☐ I **do not** have healthcare experience. **SKIP SECTION B.**

Section B:

Employer/Volunteer Facility: _____

Name & Title of Supervisor: _____

Contact phone: _____

Contact email: _____

Attach a cover letter on agency letterhead describing the applicant's work and/or volunteer experience (including patient interaction). Letter must include the applicant's name, start date and end date, status (full-time/part time/volunteer), and approximate total of hours worked/volunteered.

Save all documents as PDF to be uploaded to online application portal. PDF should include this form and copy of any active license or certification OR letter from employer/volunteer agency.

Rev. 7/15/2025