

**COLLEGE OF SOUTHERN NEVADA
HEALTH CARE EXPERIENCE**

For which *semester* are you applying?

For which *program* are you applying? Circle one: RN to BSN Bridge RN PN

Applicant name (please print) _____ NSHE ID #: _____

I give my permission to release the requested information to the CSN Nursing Program.

Signature: _____ Date: _____

Once this form has been completed and signed by employer, the applicant must submit with the application packet to:

Limited-Entry Admissions, West Charleston, Room K216
College of Southern Nevada
6375 West Charleston Boulevard
Las Vegas, NV 89146

Employer Name: _____

Address: _____

Phone: _____

Name and title of person completing form (please print): _____

Provide a brief description of the agency (e.g. hospital, nursing home, home health, etc.):

Provide a brief description of the responsibilities of the applicant:

Applicant employed from: _____ to: _____

Full-time employment OR Part-time employment

Would you rehire this person?

Please comment on the strengths and weaknesses of the applicant:

Signature: _____ Date: _____