



California State University, Sacramento
 School of Nursing
 6000 J Street, Sacramento, CA 95819-6096
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Health Related Work Experience Form Paid or Volunteer

**We will only be accepting remote or virtual volunteer/work hours from
Spring 2020 – Spring 2022**

Please print legibly

Term for which you are applying to enter: Spring Fall Year _____

Student Name <small>(as it appears on current student records)</small>										
Student ID Number										
Agency Name										
Address										
City/State/Zip										
Brief Description of Duties <small>(human-client interaction required):</small>										
<ul style="list-style-type: none"> ▪ _____ ▪ _____ ▪ _____ ▪ _____ ▪ _____ ▪ _____ ▪ _____ ▪ _____ ▪ _____ 										
TOTAL HOURS _____										

<i>To be completed by agency representative ☞ Thank you for your time and commitment to students</i>	
Name <small>(please print)</small>	
Position/Title	Phone
<i>I am certifying the number of hours, duties, and agency information is accurate.</i>	
Signature X	
<input type="checkbox"/> Please see documentation attached. In lieu of agency signature, candidates may attach letters from agencies or other documentation (e.g. LVN license, CNA license, EMT license, High School ROP certifications, or proof of employment).	