



California State University, Sacramento  
 School of Nursing  
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## Health Related Work Experience Form Paid or Volunteer

*Please print legibly*

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

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

*To be completed by agency representative ☺ Thank you for your time and commitment to students*

<b>Name</b> <small>(please print)</small>	
<b>Position/Title</b>	<b>Phone</b>
<i>I am certifying the number of hours, duties, and agency information is accurate.</i>	
<b>Signature X</b>	
<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).	