

# OZARKS TECHNICAL COMMUNITY COLLEGE

## Employer Work Experience Statement

### Practical Nursing Advanced Hybrid Track

Please print clearly with a pen.

Name of Candidate \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Name of Employer \_\_\_\_\_

Role of Candidate EMT  CNA  CMA  Non-Certified NA

I hereby attest that the above-named candidate has been employed for a minimum of two months working as a EMT, CNA or CMA or 6 months working as a non-certified Nurse Assistant in past 2 years. Further, I attest that the candidate's primary work responsibility has been DIRECT (hands-on) patient care.

Please indicate the month and year of the employment dates:

From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_