Work/Volunteer Experience in Direct Patient Care

Category 3 of COS RN Program Application

To be completed by applicant (must be handwritten)

Name: _____ Phone: _____

_____ Initials I understand that if this form is not complete, I will not be awarded points for the category of recent work or volunteer experience.

_____ Initials I understand if the hours worked/volunteered are less than 200 hours and/or not within the past 24 months of the application deadline then I will not be awarded points for the category of recent work or volunteer experience.

To be completed by employer, supervisor, HR department representative
(Must be handwritten)

Organization: _____

Name/Title: _____ Business Email: _____

Applicant's position/title: _____

Start date: _____ Term date: _____

☐ Full-time ☐ Part-time ☐ Per Diem ☐ Volunteer

Hours worked per week (on average): _____

Examples of duties including patient interaction:

_____

_____

_____

_____

_____

_____

_____
Employer's Signature
(Only a wet signature will be accepted)

_____
Date

Please attach business card

or place stamp

- Direct patient care must be related to medical care, it does not include positions in cosmetology, childcare, or with animals.
- Hours worked/volunteered towards earning a relevant diploma or certificate cannot be included.