

**WEST VIRGINIA HIGHER EDUCATION POLICY COMMISSION
NURSING SCHOLARSHIP PROGRAM
EMPLOYMENT VERIFICATION**

PART 1 *(Please type or print)*

Name of Recipient _____

Current Address: _____

Current Telephone _____

This is to certify that I have been employed FULL-TIME as a Nurse in West Virginia after graduation.

Graduation Date: _____ Degree Completed: _____

Date I began employment : ____/____/____

Place of Employment: _____

Address: _____

Job Title: _____

Job Duties: _____

Signature: _____ Date: ____/____/____

PART II *(To be completed by employer)*

I certify that the person named above began employment on the date given above.

SIGNATURE: _____ Title _____ Date: ____/____/____

EMPLOYER: _____

ADDRESS: _____

PHONE: _____

RETURN TO:

**West Virginia Higher Education Policy Commission
West Virginia Center for Nursing
1018 Kanawha Boulevard, East, Suite 700
Charleston, West Virginia 25301**



(304) 558-5838

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