



Nursing Scholarship Program Employment Verification Form

SECTION 1: PARTICIPANT INFORMATION (TO BE COMPLETED BY THE PARTICIPANT)

Name of Recipient: _____ Current Telephone: _____
Current Address: _____ Current Email: _____
_____ WV License #: _____

I certify that after graduating, I have been employed as a nurse in West Virginia for a full year
(Information entered below must reflect 12 months of employment).

Graduation Date: _____
Degree Type Completed: _____

Place of Employment: _____
Address: _____

Job Title: _____
Job Duties: _____

Number of hours per week worked in WV: _____
Employment Dates for One Year Period: _____ To _____

Signature Date

SECTION 2: EMPLOYER INFORMATION (TO BE COMPLETED BY EMPLOYER)

I certify that the above employment information is accurate.

Name: _____ Employer: _____
Title _____ Phone Number: _____

Signature Date

RETURN BY:

Mail:
West Virginia Center for Nursing
1018 Kanawha Blvd., East, Suite 700
Charleston, WV 25301

Fax:
(304)558-0532

Email:
lissa.gonzalez@wvhepc.edu