



# Nursing Scholarship Program Employment Verification Form

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

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Name of Recipient: \_\_\_\_\_ Current Telephone: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Current Email: \_\_\_\_\_  
WV License #: \_\_\_\_\_

I certify that after graduation, I have been employed as a nurse in West Virginia  
I certify that I secured employment as a nurse in West Virginia within 6 months of graduation

Graduation Date: \_\_\_\_\_  
Degree Type Completed: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_

Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Number of hours per week worked in WV: \_\_\_\_\_  
Employment Dates: \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Signature Date

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

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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:  
[nursing@wvhepc.edu](mailto:nursing@wvhepc.edu)