DIRECT AND INDIRECT PATIENT CARE EMPLOYMENT VERIFICATION FORM

STCC Springfield Technical Community College

This form is used for applicants to verify related direct and indirect patient care experience for consideration in the application process for the Nursing Program.

If applicants have employment experience with more than one direct or indirect patient care position, please submit the most relevant position prioritizing direct patient care experience. Applicants only receive credit on their admission application for one position. Therefore, it is not necessary to submit more than one form.

<u>**TO BE COMPLETED BY APPLICANT**</u>
STCC Student ID Number (if applicable)_____

Name of Applicant:_____

Please select one box from the options below. Either a direct or indirect patient care position, OR the option if your position is not listed.:

DIRECT Patient Care Experience:
- ☐ LPN
- ☐ PCT
- ☐ CNA
- ☐ Paramedic
- ☐ EMT
- ☐ Medical Assistant

INDIRECT Patient Care Experience:
- ☐ Medical Secretary
- ☐ Cardiac Monitor
- ☐ Phlebotomist
- ☐ Group Home
- ☐ Behavioral Care
- ☐ Surgical Technologist

☐ My position is not listed, but I feel it meets the following definition of direct or indirect patient care experience. I have provided a description of my position below and how I feel it qualifies. (Direct patient care experience is the provision of services to a patient that requires regular patient interaction and care. For example: Vital signs, assisting with bathing, ambulation, repositioning, feeding; higher level examples may include assessment, medication administration. Indirect patient care experience includes services in the health care field that do not involve face-to-face interaction/care. For example: cardiac monitor observer, unit secretary (responsible for transcription of orders, communication/liaison with the health care team)).

If your position is not listed, please indicate your position title and describe your duties below.

Position Title:_____

Description of duties and why you believe they relate to direct or indirect patient care. (You may use the reverse of side of this form if you need more space.)

APPLICANTS SIGNATURE_____ **DATE:** _____

<u>**TO BE COMPLETED BY APPLICANT'S EMPLOYER**</u>

I understand that the above-named applicant is applying to Springfield Technical Community College's Nursing Program and I am verifying this applicant's employment for the position indicated above.

Place of Employment:_____

Position Title:_____ Hours/week_____

Dates of Employment_____

Position Description (you may also attach a position description on a separate sheet or use the reverse side of this form):

Name of Supervisor/Employer _____

Signature of Supervisor/Employer _____ Date _____

Supervisor/Employer Email Address_____ Phone_____