



PALOMAR COLLEGE NURSING PROGRAM

WORK/VOLUNTEER CERTIFICATION FORM

This form will serve as proof of the applicant's work or volunteer experience – at least 100 hours for the past 3 years for health-related work (5 points), as well as proof of the need to work while taking prerequisite courses (1 point).

This is to certify that the applicant _____
(Last Name, First Name)

(Check any that applies and provide the information needed)

A. Healthcare Related Work/Volunteer Experience

has completed at least 100 hours work experience.

Title/Position: _____

Start Date / End Date: _____

The applicant was also taking prerequisite course/s while working.

has completed hours of volunteer experience.

Number of Hours: _____

B. Not Health Related Work Experience while taking Prerequisite course/s for the Nursing Program

has worked in our company/organization.

Title/Position: _____

Start Date / End Date: _____

Employer Name/Organization: _____

Address: _____

Supervisor's Name: _____

Title/Position: _____

Email Address / Phone Number: _____

Signature / Date: _____