

Nursing Assistant/Patient Care Technician/Other Unlicensed Personnel
Work Validation Form



555 S. Floyd St.
Louisville, KY 40202
Ph: 502-852-3848
Fax: 502-852-8783
www.louisville.edu/nursing

Name of Student/Employee _____

Select Program of Enrollment: Upper Division BSN _____ MEPN

Agency _____

Dates of Employment: From: _____ To: _____

Job Title of Student/Employee _____

Student/Employee has worked 100 hours or more in past 12 months Yes _____ No _____

Quality of work and work habits are satisfactory Yes _____ No _____

Signature of RN supervisor or Human Resources Personnel _____

Title _____

Contact Information _____ Date _____

Upon completion, student submits to appropriate program director for approval. Traditional BSN, submit to Dr. Heather Mitchell: heather.mitchell@louisville.edu; BSN Owensboro, submit to Dr. Amy Higdon: amy.higdon@louisville.edu; MEPN, submit to Dr. Said Abusalem: said.abusalem@louisville.edu.

Approved _____ Not Approved _____

SON Director's Signature _____ Date: _____

The director will return to the student after decision is marked on the form. Approved forms should be submitted BY THE STUDENT to the Office of Student Services through the clinical compliance webpage link.

Confidentiality Notice: The document(s) accompanying this letter contains confidential information. The information is intended only for the use of the individual(s) or entity named above. If the reader of this message is not the intended recipient, then you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please notify us by telephone at the number above to arrange for return of the original documents. Thank you