

Employment Verification Form

The purpose of this form is to verify that you will meet the minimum requirement of one year full-time, recent (within two years preferred), critical care experience or the part-time equivalent prior to the start of the program. This form must be signed by either a human resources representative or your clinical area supervisor from your place of employment. You will submit this completed form along with your other DNP Nurse Anesthesia application materials to NursingCAS.

To Be Completed by Applicant:

Name: _____ Date of Birth: _____

Employer: _____

Employer Address: _____

Applicant Signature: _____ Date: _____

To Be Completed by Supervisor:

Employment Dates: _____ to _____

Employment Type: Full Time
 Part Time
 Other _____

Critical Care Experience is defined by the COA as:

A critical care area is one where, on a routine basis, the registered professional nurse manages one or more of the following: invasive hemodynamic monitors (e.g., pulmonary artery, central venous pressure, and arterial catheters), cardiac assist devices, mechanical ventilation, and vasoactive infusions.

By signing below, I verify that the information above is accurate and the applicant's job responsibilities meet the stated definition of critical care experience.

Name: _____ Title: _____

Signature: _____ Date: _____