



**Employment Verification Form**

This form is to be completed by a representative from your place of employment. Either a human resources representative or your clinical area supervisor will suffice. Include the completed form with your admission application materials to:

**Northern Kentucky University  
Office of Graduate Education  
302 Lucas Administrative Center  
Highland Heights, KY 41099  
859-572-6364  
[graduate@nku.edu](mailto:graduate@nku.edu)**

**To be completed by student:**

Name:

Date of Birth:

Program Applying for (check one):      MSN                      Post-MSN                      NP-Advancement                      DNP

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By signing below, I verify that the above mentioned applicant has completed \_\_\_\_\_ hours of

employment at \_\_\_\_\_ as a:

- Registered Nurse
- Nurse Practitioner
- Other:

Name

Title

Signature