

# Healthcare Work Experience Form for BSN Applicants

## INSTRUCTIONS

Applicants to the BSN program with previous healthcare work experience (paid or volunteer) must submit this form to receive additional points towards their Nursing Application Impaction Score. **All those with certification must also include Sections A and B as well as certification. Incomplete applications will not be reviewed.**

Complete this form NO MORE than 50 days **before submitting a nursing application.**

**ELIGIBILITY** for healthcare work experience points: Complete a minimum of 100 hours of hands-on healthcare experience within 3 years of the Nursing Application deadline for which you are applying. Human-client interaction is required. Proof of employment or volunteer experience is required, see Section B.

NOTE: For caretaking at a private residence, please fill out Section A and attach a physician's note indicating that the client (recipient) requires caretaking services.

## DIRECTIONS

1. Applicant completes **Section A (page 2)**.
  - a. Select one category for the type of work experience.
  - b. Provide a brief description of healthcare work/volunteer experience. Include the total number of hours, the beginning and end date of the experience, and the duties performed.
  - c. If applicable, include a copy of your CNA certification, EMT license, LVN license, Medical Assistant Certificate, or Hospital Corps document with this form. If you have both the certification and 100 hours of related experience, complete the Healthcare Work Experience Form and submit both the form and the certificate.
  - d. For caretaking at a private residence, please fill out Section A and attach a physician's note indicating that the client (recipient) requires caretaking services.
  - e. The applicant must sign and date the form (end of page 3, after Agency Representative).
2. **Section B (page 3)** is completed by your immediate supervisor or a representative at the healthcare agency.
  - a. Agency must include the following applicant information: dates of attendance, role at agency, duties performed, and number of hours completed. Supervisor or agency representative must sign and date the form.
  - b. Alternatively, the agency may provide a one-page letter, on healthcare agency letterhead, verifying proof of employment or volunteer experience that includes all of the required information above. However, section A must be completed by the applicant.
  - c. Both the Agency Representative and the Applicant must sign and date the form (end of page 3).

Upload completed form (**both Section A/page 2 and Section B/page 3**) and any attachments to your NursingCAS Application by the posted deadline. Do not email or mail this form to the School of Nursing. It must be uploaded to NursingCAS in order to be considered.

If you have any questions, please contact the office (408) 924-3130 or email [nursing@sjsu.edu](mailto:nursing@sjsu.edu)

# Healthcare Work Experience Form for BSN Applicants

## SECTION A: APPLICANT INFORMATION

DATE:	HOME ADDRESS:	
FIRST NAME:		
LAST NAME:	CITY:	
PHONE:	POSTAL CODE:	
EMAIL:	SJSU ID (optional):	
TERM APPLIED FOR (circle one): FALL or SPRING		YEAR:

### WORK/VOLUNTEER EXPERIENCE:

Select one type of experience below and describe the duties. Human-client interaction is required. Include the total number of hours completed and the approximate dates of completion. This does not include any time spent in a classroom. All applicants must sign the bottom of page 3.

NOTE: If you are a caretaker in a private home, please include a physician's note or other health documentation that clearly states that the client has healthcare needs requiring caretaker assistance. **You do not need to fill out Section B if you are a caretaker.**

Select one type of experience below:

- Nursing Assistant or Medical Assistant (CNA)
- Volunteer Healthcare Assistant
- EMT (must include certificate)
- Pharmacy Technician
- Hospital Corps
- Paramedic
- Military Corpsman
- Caretaker In a private home
- Check only if this applies to you - I have attached my certificate to this application.**
- Licensed Psychiatric Technician (must include current license)
- Licensed Vocational Nurse (must include current license)
- Other: \_\_\_\_\_

Name of Agency of Place of Work:		
Name of Immediate Supervisor::		
Total Hours Completed:		
Employment of Volunteer/ Work Dates (month/year to month/year):		
Description of Duties (You may include additional pages if needed):		

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## SECTION B: Healthcare Agency Information

To be completed by agency representative/supervisor (or HR dept).

Thank you for your time and commitment to the future of nursing. The identified person wishes to apply to SJSU's BSN program and must submit proof of work or volunteer experience. Please complete all fields below.

Alternatively, you may submit Section B information on agency letterhead.

Please indicate here if that is the action taken.

Name of Agency:			
Name of Representative:			
Role at Agency:			
Phone:		Email:	

By filling out this form, I am certifying that the number of hours, duties, and agency information (listed in Section A) is accurate for the nursing applicant (Name of student), \_\_\_\_\_

Number of hours completed: \_\_\_\_\_ Dates of work/volunteer: \_\_\_\_\_

### Role of Applicant at Agency:

Please provide a brief description of the duties performed by the applicant that pertains to healthcare with human-client interaction. Once signed, **please return the form to the Applicant.**

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Representative Signature:

Signature		Date	
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BSN Program Applicant Signature:

Signature		Date	
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