



HEALTHCARE WORK EXPERIENCE
Blue Mountain Community College Nursing Program
Application for 2024 Fall Entry

Student Name _____ / _____ Date _____
Print Applicant Name Signature of Applicant

Dear Employer/Supervisor/Human Resources Manager/Commanding Officer:

The above individual is planning to apply to the Blue Mountain Community College Nursing program by February 15, 2024. To earn points in the selection process, the applicant must prove accumulation of a minimum of **400 hours** work experience since February 1, 2019, caring for human patients with **unencumbered licensure or certification in the following areas (a license or certification MUST be submitted with the application, incomplete forms cannot be given consideration in the point assignment process):**

- Licensed Practical Nurse (per Oregon State Board of Nursing registry or other states' equivalence)
- Certified Nursing Assistant or Certified Medication Aide (per Oregon State Board of Nursing registry or other states' equivalence)
- Paramedic
- Emergency Medical Technician
- Respiratory Therapist
- Medical Assistant (national certification required)
- Armed Services Medic or Corpsman

NOTE: Applicant may request other healthcare work experience requiring licensure or certification to be considered.

By providing this form to you to complete, this applicant is giving you permission to provide the requested information. To assist this applicant with the process, please fill in the requested information responding to all questions and return it to the applicant. Points will not be awarded if the form is incomplete.

Even if their employment with you is for less than 400 hours, the applicant may submit documents from more than one employer in order to provide proof of required hours of work experience.

The applicant must submit this form no latter than 5:00 pm on February 15, 2024, to be eligible for the points. If you have questions, please call Laurie Post, Nursing Program Director, at 541-278-5882 or the Registrar's office at 541-278-5757. Thank you so much for assisting the student.

Total number of hours worked since February 1, 2019: _____ Role: _____

Dates worked: From _____ to _____

Signature of Supervisor/HR Manager/ Commanding Officer

Printed Name and Title

Print Name of Facility/Organization

Phone Number