

Cal State East Bay Nursing Program

VERIFICATION OF HEALTH AND COMMUNITY RELATED EXPERIENCE STRICT NursingCAS DEADLINE for Receipt: DECEMBER 15 (fall) or AUGUST 31 (spring) ~MUST HAVE MINIMUM OF 75 HOURS WITHIN LAST 3 YEARS TO BE ELIGIBLE~

Instructions to applicant: This category is OPTIONAL and not required for admission to the Nursing program, but highly recommended. Complete and submit this form and accompanying letter ONLY IF YOU QUALIFY. Enter your name below and give this form to a supervisor or other person able to comment on your employment or volunteer history in PART TWO.

SUBMIT TO NURSINGCAS ONLY – UPLOAD TO PROGRAM MATERIALS SECTION

check to make sure all electronic signatures/ information appear correctly after upload – all submissions final

PART ONE: Applicant Name _____ Birth Date _____

Sign below to confirm you did not adjust or change any information provided below before you uploaded to NursingCAS. If any information is false or forged, you will be denied or dismissed from the Nursing program.

Applicant Signature _____

PART TWO: INSTRUCTIONS TO SUPERVISOR / PERSON COMPLETING THIS VERIFICATION: Please identify yourself in the space provided and answer ALL questions. If specific requested information is not available, please write "N/A" in response to the question. Please note: *a copy of this document will be provided to the student for review upon his/her request pursuant to the Family and Educational Rights Privacy Act (FERPA).*

****Letters of support by themselves or documents that summarize paycheck history cannot substitute for this form.**

THIS FORM WILL NOT COUNT IF THERE ARE ANY BLANK SECTIONS. PLEASE PRINT. PLEASE FILL OUT BOTH PAGES.

Supervisor Name _____ Phone _____

Title _____ Organization _____

Address _____

1. What is the applicant's job classification/volunteer title? _____

2. Has the applicant worked or volunteered with you or your organization within the last 3 years? ___ Yes ___ No

3. Please check the number of hours the applicant has worked or volunteered with you or your organization:

****must be at least 75 hours to qualify****

___ less than 75 hours (combining with another experience) ___ 75 to 450 hours ___ more than 450 hours

4. Describe the main role or purpose of your organization. Be specific. _____

5. Describe applicant's job/volunteer duties. Include as much detail as possible: _____

PLEASE SEE NEXT PAGE – FILL OUT CHECKLIST

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6. Check ANY and ALL descriptions below that are consistent with the applicant’s experience while working/volunteering:

Inclusive Multicultural Connection / Community Engagement	
<input type="checkbox"/>	1. Offers support role in organization, may attend community events or distribute resources, but does not assume leadership roles or positions
<input type="checkbox"/>	2. Goes above and beyond to be collaborative and service-oriented, exceeds expectations to create relationships with organization personnel and other community members when communicating via phone, social media, email or face-to-face interaction
<input type="checkbox"/>	3. Assumes leadership role(s) -- such as developing content or curriculum, gathering resources or building connections to advance the main mission/purpose of your organization
<input type="checkbox"/>	4. Forms inclusive and genuine relationships (with appropriate boundaries) with community members from a range of cultural backgrounds; this includes a commitment to cross/inter-cultural learning and relationship-building
Health-Related Care	
<input type="checkbox"/>	5. Engages in indirect health-related activities such as a patient greeter or transporter, volunteer in childcare centers, or has an administrative role that supports the health/well-being of individuals and communities
<input type="checkbox"/>	6. Engages in direct health-related activities such as a health educator, provides informal caregiving services for a loved one, or is a certified or licensed health care provider

7. **LETTER OF SUPPORT – must be completed and signed by the same person that fills out and signs this form. *Contact the Nursing Department ahead of deadline to request an exception.**

As an institution of nursing, we are committed to health equity and the desire for nurses to provide culturally sensitive care. Please write a brief letter (1-page maximum) that addresses how the applicant demonstrates these areas in particular.

Turn in letter with this form, dated within 1 year of application deadline.

The letter must be signed and on company letterhead, or include your full contact info if not from a specific organization. The signature can be electronic or handwritten in ink. The letter will not be considered if there is no signature, or if the signature is simply typed in a different font.

In the letter, please include:

1. Your full name and title/relationship to the applicant *including your signature*
***no points awarded if missing a signature**
2. The full name and job/volunteer title of the applicant
3. The total number of hours the candidate completed either volunteering or working for you or your organization
4. What year(s) the applicant worked or volunteered for you or your organization
5. Any qualities or job duties that demonstrate leadership skills, commitment to health equity or inclusive multicultural connections.

8. **YOUR SIGNATURE TO VALIDATE THE ITEMS FILLED OUT ON THIS FORM.**

Signature

Date

(sign directly in ink or electronic signature using DocuSign, Adobe or similar software –typed signature not accepted)

FORM NOT ACCEPTED WITHOUT YOUR SIGNATURE ON THIS PAGE, ON THE LETTER AND SIGNATURE FROM APPLICANT (AT TOP OF 1st PAGE)

PLEASE RETURN FORM AND LETTER TO APPLICANT.