



College of Health Professions  
Department of Advanced Nursing Studies  
Albright Health Center 206  
859.572.1934 (fax)

**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 (Phone) 859-572-6670 (Fax)  
[graduate@nku.edu](mailto:graduate@nku.edu)**

To be filled out by student:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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