

California State University, Sacramento School of Nursing 6000 J Street, Sacramento, CA 95819-6096 P: 916.278.6525 F: 916.278.6311

Health Related Work Experience Form Paid or Volunteer

(We will only be accepting remote or virtual volunteer/work hours from Spring 2020 - Spring 2022)

Please print legibly										
Term for which you are applying to enter:	- 5	□ Spring		□ F	☐ Fall		ar			_
Student Name (as it appears on current student records)										
Student ID Number										
Agency Name										
Address										
City/State/Zip										
Brief Description of Duties (human-client interaction required):										
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Date in which hours took place:										
TOTAL HOURS										
				<u> </u>						
To be completed by agency representative	: 90 The	ank you	ı for yo	our time	and com	mitment	t to stud	ents		
Name (please print)										
Position/Title				!	Phone	<u> </u>				
I am certifying the number of h	iours, du	ties, an	d ageni				te.			
Signature X										
Please see documentation attached. In lieu of ager documentation (e.g. LVN license, CNA license, or El - Paystubs do not count as proof of verified duti	MT licens	ise.)	andidat	tes may	attach le	etters fro	om ager	ncies or (other	