



**Legal Nurse Consultant (LNC)
Certificate Program**

EMPLOYMENT VERIFICATION FORM

Your Name: _____ Email Address: _____ Tel. No.: (____) _____ - _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
RN License No.: _____

Applicants must demonstrate 6,000 hours of practice in an RN capacity:

Name of Employer: _____
Address: _____
Phone Number: _____ Fax Number: _____
Dates of Employment as an RN: _____ No. of Hours Worked as an RN: _____

I HEREBY ATTEST THAT THE ABOVE NUMBER OF HOURS WORKED IS ACCURATE.

Employer Signature: _____ Title: _____ Tel. No.: (____) _____ - _____

Name of Employer: _____
Address: _____
Phone Number: _____ Fax Number: _____
Dates of Employment as an RN: _____ No. of Hours Worked as an RN: _____

I HEREBY ATTEST THAT THE ABOVE NUMBER OF HOURS WORKED IS ACCURATE.

Employer Signature: _____ Title: _____ Tel. No.: (____) _____ - _____

Name of Employer: _____
Address: _____
Phone Number: _____ Fax Number: _____
Dates of Employment as an RN: _____ No. of Hours Worked as an RN: _____

I HEREBY ATTEST THAT THE ABOVE NUMBER OF HOURS WORKED IS ACCURATE.

Employer Signature: _____ Title: _____ Tel. No.: (____) _____ - _____

Please return by mail to: NHTI, Concord's Community College
Office of Admissions
31 College Drive
Concord, NH 03301