

SOUTHEAST TECHNICAL INSTITUTE

2320 N. Career Avenue, Sioux Falls, SD 57107

RN AAS PROGRAM **DOCUMENTATION OF PAID HOURS AS LPN**

(Use this form if 750 hours are complete)

APPLICANT: Complete the top section of this form then give to your employer(s) or former employers. This form may be duplicated. Return completed form(s) to Southeast Technical Institute Admissions Department, Mickelson Building, 2320 N. Career Avenue, Sioux Falls.

Please Print

NAME: _____
First Middle Last

I hereby request and authorize my employer/former employer to release the information requested on this form to Southeast Technical Institute for documentation of paid employment hours as an LPN.

Signature of Applicant

Date

This section to be completed by employer (cannot be signed by the applicant):

The above named individual was employed as an LPN for _____ hours
from _____ to _____.
Month/Date/Year Month/Date/Year

I, the undersigned, declare and affirm that according to our records and to the best of my knowledge and belief, the information provided above for the purpose of school entrance is true and correct.

Signature of Agency Representative/Title

Date

Name of Employer: _____

Address of Employer: _____

Phone: _____ Email: _____

SOUTHEAST TECHNICAL INSTITUTE

2320 N. Career Avenue, Sioux Falls, SD 57107

RN AAS PROGRAM VERIFICATION OF CURRENT EMPLOYMENT AS LPN

(Use this form if **WORKING, BUT HOURS ARE NOT** complete)

APPLICANT: Complete the top section of this form then give to your employer(s) or former employers. This form may be duplicated. Return completed form(s) to Southeast Technical Institute Admissions Department, Mickelson Building, 2320 N. Career Avenue, Sioux Falls.

Please Print

NAME: _____

First

Middle

Last

I hereby request and authorize my employer/former employer to release the information requested on this form to Southeast Technical Institute for verification of paid employment hours as an LPN.

I understand that when I have completed the required 750 hours of employment, I must submit the required documentation form.

Signature of Applicant

Date

This section to be completed by employer (cannot be signed by the applicant):

The above named individual is currently employed as an LPN, and works approximately _____ **hours per week.**

I, the undersigned, declare and affirm that according to our records and to the best of my knowledge and belief, the information provided above for the purpose of school entrance is true and correct.

Signature of Agency Representative/Title

Date

Name of Employer: _____

Address of Employer: _____

Phone: _____ Email: _____