

**VETERINARY NURSING PROGRAM-AAS
DOCUMENTATION OF ANIMAL RELATED EXPERIENCE**

Name: _____ Date: _____
Address: _____ City: _____ State: _____
Zip: _____ Home Phone: _____ Cell Phone: _____

I am applying for the Fall _____ (indicate year) Veterinary Nursing AAS program.

1. Nature of Experience (Medical)

Name of Location: _____
Dates from (MM/YY): _____ to: _____
Average Hours per Week: _____
Name of Supervisor: _____
Address of Location: _____
City: _____ State: _____ Zip: _____
Phone: _____

Specific Duties and Responsibilities: _____

Supervisor Signature: _____ Date: _____

2. Nature of Experience (Non-Medical)

Name of Location: _____
Dates from (MM/YY): _____ to: _____
Average Hours per Week: _____
Name of Supervisor: _____
Address of Location: _____
City: _____ State: _____ Zip: _____
Phone: _____

Specific Duties and Responsibilities: _____

Supervisor Signature: _____ Date: _____

I certify that all information contained in this document is correct.

Student Signature: _____ Date: _____

Once this form has been completed, the applicant must submit it with the completion packet to:

**Limited Entry Office, Room K216
College of Southern Nevada
6375 West Charleston Boulevard
Las Vegas, NV 89146**