

**COLLEGE OF SOUTHERN NEVADA**  
**HEALTH CARE EXPERIENCE**

For which **semester** and **year** are you applying?

For which **program** are you applying? Circle one:    PN    RN    RN to BSN Bridge

Applicant name (please print) \_\_\_\_\_ NSHE ID #: \_\_\_\_\_

I give my permission to release the requested information to the CSN Nursing Program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once this form has been completed and signed by employer, the applicant must submit with the application packet to:

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

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Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name and title of person completing form (please print): \_\_\_\_\_

Provide a brief description of the agency (e.g., hospital, nursing home, home health, etc.):

Job title of applicant: \_\_\_\_\_

Provide a brief description of the responsibilities of the applicant:

Applicant employed from: \_\_\_\_\_ to: \_\_\_\_\_

Full-time employment            OR             Part-time employment

Would you rehire this person? Please comment on the strengths and weaknesses of the applicant:

Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_