



LPN-RN Online Program
 Employer Documentation of Hours Practiced as a Licensed Practical Nurse
Permission to Release Information

I, _____, am seeking admission to the
 (Printed Name)

Allegany College of Maryland's online LPN-RN nursing program. I must document that I have worked as a licensed practical nurse for at least one (1) year and a minimum of 2,000 hours. I am requesting your verification that this requirement is met by checking either (A) or (B) at the bottom of this letter. I give permission for you to release this information to Allegany College of Maryland's Nursing Department.

Applicant Signature: _____ Date: _____

A Human Resource Officer or other official representative of the agency is to complete the following information and the student will then upload it into their Navigate Application portal.

Name of Facility: _____

Physical Address: _____

_____ City
 _____ State _____ ZIP _____

Please complete the following:

I verify that _____ was/is employed as a licensed
 (Print Applicant Name)

practical/vocational nurse a(LPN/LVN) at my institution/agency as indicated below:

_____ (A) applicant has been employed at our facility as a licensed practical nurse for a minimum of 2,000 hours within the last five (5) years.

_____ (B) applicant is/was employed at our facility as a licensed practical nurse for _____ hours.

Signature: _____

Printed Name: _____ Title: _____

Business Phone Number _____ for Verification Purposes