

## Employment Verification Form

Dear Human Resources Director,

The below named individual is applying for admission to the Master of Science in Nursing program at SUNY Polytechnic Institute. Verification of work experience as a professional registered nurse is a requirement. Please record below the accumulated number of hours the applicant has worked with your organization as a registered nurse. Verify this information by signing, and return the completed form to the Graduate Admissions Office.

**Submission Options:**

**Mail:** SUNY Polytechnic Institute • Graduate Admissions Office • 100 Seymour Road • Utica, NY 13502

**Fax:** 315-792-7221 • **Scan/E-mail:** graduate@sunyit.edu

Thank you for your assistance.

**Applicant Information**

\_\_\_\_\_  
Name of Applicant

MS/CAS Nurse Practitioner Applicant

MS/CAS Nursing Education Applicant

**Employment Information**

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Address of Organization

\_\_\_\_\_  
Number of hours employee has worked as a registered nurse

\_\_\_\_\_  
Dates of employment

**Verified by**

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

---

**Note to Applicant:** Making a false statement or misrepresentation of this form is considered a breach in the SUNY Polytechnic Institute Academic Integrity Policy as outlined in the student handbook.