



WEST VIRGINIA Nursing Scholarship PROGRAM

EMPLOYMENT VERIFICATION FORM

INSTRUCTIONS

To prevent your West Virginia Nursing Scholarship Program award from converting to a loan, you must certify employment in West Virginia as outlined in your promissory note. Recent graduates should verify employment within six months of their graduation date. A form must be submitted each year on the anniversary date of your first month of employment until your service obligation is complete to avoid your scholarship from converting to a loan and going into repayment. If you change jobs, you must submit two employment verification forms: one from your previous employer showing your employment end date and one from your new employer showing your employment start date.

Section 1 should be completed by the recipient and Section 2 should be completed by an employer supervisor or manager. The form can be returned to the West Virginia Center for Nursing in the following ways:

Mail: West Virginia Center for Nursing
Nursing Scholarship Program
1018 Kanawha Blvd. East Suite 700
Charleston, WV 25301

Email: nursing@wvhepc.edu

Fax: (885)292-1415

SECTION 1 (TO BE COMPLETED BY RECIPIENT)

Name of Recipient: _____
Current Address: _____

Current Telephone: _____
Current Email Address: _____
WV Nursing License #: _____

Graduation Date: _____

Degree Type: LPN ASN BSN GRADUATE

Place of Employment: _____
Employment Address: _____

Job Duties: _____

Hours Worked Per Week: _____

Employment Start Date: _____

Job Title: _____

Employment End Date (or to "present"): _____

I certify that I am employed as a nurse in West Virginia.

I certify that I secured employment as a nurse in West Virginia within six months of graduation.

(BOTH BOXES MUST BE CHECKED TO PROCESS THE FORM)

Signature of Recipient

Date

SECTION 2 (TO BE COMPLETED BY EMPLOYER SUPERVISOR OR MANAGER)

Name: _____
Title: _____
Employer: _____

Current Telephone: _____

Current Email Address: _____

I certify that the employment information listed on this form is correct.

Signature of Supervisor or Manager

Date