College of Eastern Idaho
PN to RN Bridge Program

VERIFICATION OF PN WORK HOURS

Student Authorization:

I hereby give permission for the release of information to the College of Eastern Idaho's Nursing Program.

Employee/Student Name (printed): _____

Signature: _____   Date: _____

CEI Student #: _____

Employer Verification:

Must be completed by HR or employer. Please complete the below information regarding this employee. After completion, please return this form to the employee.

Facility Name: _____

Position held by Employee: _____

Unit Worked/description of unit: _____

Dates of Employment: _____

Total Hours worked as a PN at this facility: _____

Name and Title of individual completing this form: _____

Signature: _____   Date: _____

Phone Number: _____

☐ I am currently a PN Student at CEI and have not completed any PN work hours. I understand that all required hours **must be completed before the end of the LPN to RN Bridge program** and that I am expected to provide regular updates throughout the program to demonstrate my progress toward the required **1,800 hours**.