



FORM E/NT: VERIFICATION OF NON-TEACHING EXPERIENCE NURSE

Applicant: Complete TOP section ONLY, then forward this form to your previous employer(s).

This form **must** be mailed by **US Mail** to the above address **or** emailed **by** your former employer to: **deeds@doe.k12.de.us**.

****Forms submitted directly by the applicant will not be accepted.****

This section is to be completed by the Applicant

| | | | |
|---|-------|-------------------|-------|
| Print NAME: (Last, First, Middle, Maiden) | | SOCIAL SECURITY # | |
| ADDRESS: | CITY: | STATE: | ZIP: |
| APPLICANT SIGNATURE: | | | DATE: |

Personnel Officer: Please verify employment and performance for the applicant.

| | | |
|--|--------------------|---------|
| Print NAME of Personnel Officer and Title: | OFFICER SIGNATURE: | DATE: |
| EMPLOYER NAME and ADDRESS: | EMAIL ADDRESS | PHONE#: |

According to Regulation 1582 School Nurse: The applicant shall have completed 3 years of supervised clinical nursing experience as a registered nurse consisting of a minimum of 500 hours per year for a total of 1,500 hours during the 3-year period. This requirement shall not be met in a school setting.

| DATES OF SERVICE: FROM: MM/DD/YY | TO: MM/DD/YY | Full- Time Y/N | Part- Time Y/N | Per- Diem Y/N | TOTAL HRS PER DAY | TOTAL HRS PER WEEK | TOTAL MONTHS PER YEAR |
|-------------------------------------|--------------|----------------------|----------------------|---------------------|-------------------------|-----------------------|--------------------------|
| | | | | | | | |
| | | | | | | | |

Brief description of job responsibilities: