TCU

Harris College
of Nursing & Health Sciences

School of Nurse Anesthesia

Work History Verification

Unit managers will need to verify your work history. Complete a separate form for each facility where you have worked in the past five years.

Applicant Name: _____

RN License Number: _____Issuing State: _____

Name of Facility: _____

Address: _____City: _____ State: _____

     Beginning Date of Employment: _____

     End Date of Employment: _____

     Full time: _____

     Part time: _____

     Travel assignment: _____

     Type of critical care unit: (Please specify)

     _____ Number of beds: _____

     _____ Number of beds: _____

     _____ Number of beds: _____

Signature of Unit Manager: _____

Print Name of Unit Manager: _____

Title: _____-

Date: _____

Please upload the completed form to the TCU School of Nurse Anesthesia application in NursingCAS.

Rev. 1/24