



PEARL RIVER COMMUNITY COLLEGE

Department of Nursing Education
Associate Degree Nursing

LPN EMPLOYER VERIFICATION FORM

Name: _____
Current Mailing Address: _____
Telephone Number: _____
LPN License Number: _____

Return to: PRCC, Department of Nursing Education, 101 Hwy 11 North, Box 5760
Poplarville, MS 39470

To be completed by current employer.

Agency: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____

Employment Dates: _____

Full Time ☐

Part Time ☐

PRN ☐

Average Hours per Week Worked: _____

List Position & Responsibilities:

Print Name

Signature/Date

Title

- *If no seal or stamp, please have notarized.*

