Master of Science in Nursing Employer Verification Form

PART I: To be completed by applicant.

Name_____

Employer_____

Address_____

I give consent to my employer_____to provide the following information as part of my application for admission to the Master of Science in Nursing.

Signature_____Date_____

PART II: To be completed by employer.

The above named prospective student has applied to the Master of Science in Nursing at Spring Hill College. Requirements for admission include the items below. Please verify from the employee file that the following requirements are present:

License Verification	_____in employee file	_____not in file
Physical	_____in employee file	_____not in file
TB or CXR	_____in employee file	_____not in file
CPR	_____in employee file	_____not in file
Drug Screen	_____in employee file	_____not in file
Background Check	_____in employee file	_____not in file
OSHA Training	_____in employee file	_____not in file
HIPAA Training	_____in employee file	_____not in file
Immunizations	_____in employee file	_____not in file

(Hep B; Influenza; MMR; Varicella Titer)

The employee is covered by the agency's malpractice policy: ☐yes   ☐no

_____   _____   _____

Signature of Human Resources Representative   Date   Contact Phone Number

_____   _____

Print Name   Title

Graduate Studies
Spring Hill College
4000 Dauphin Street, Mobile, AL 36608 • *phone* 251.380.3030 • grad@shc.edu • *www.shc.edu*