



# West Virginia Center for Nursing Scholarship Program

## Employment Verification Form

### INSTRUCTIONS

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To prevent the West Virginia Center for Nursing Scholarship Award from converting to a loan, you must certify employment in West Virginia as outlined in your promissory note. Recent graduates should verify employment within six months of their graduation date. A form must be submitted until your service obligation is complete to avoid your scholarship from converting to a loan and going into repayment. The employment verification form is due each year by the first month you began fulfilling your service obligation.

Section 1 should be completed by the recipient and Section 2 should be completed by an employer supervisor or manager. Section 3 will be completed by the West Virginia Center for Nursing and the West Virginia Higher Education Policy Commission. The form can be returned in the following ways:

**Mail:** West Virginia Center for Nursing  
Nursing Scholarship Program  
1018 Kanawha Blvd. East Suite 700  
Charleston, WV 25301

**Email:** nursing@wvhepc.edu

**Fax:** (855)292-1415

### SECTION 1 (TO BE COMPLETED BY RECIPIENT)

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Name of Recipient: \_\_\_\_\_ Current Telephone: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Current Email Address: \_\_\_\_\_  
\_\_\_\_\_ WV Nursing License #: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Degree Program Completed: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Job Duties: \_\_\_\_\_  
Employment Address: \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_  
\_\_\_\_\_ Employment Start Date: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Employment End Date (or to "present"): \_\_\_\_\_

I certify that I am employed as a nurse in West Virginia.  
 I certify that I secured employment as a nurse in West Virginia within six months of graduation.  
**(BOTH BOXES MUST BE CHECKED TO PROCESS THE FORM)**

\_\_\_\_\_  
Signature of Recipient Date

### SECTION 2 (TO BE COMPLETED BY EMPLOYER SUPERVISOR OR MANAGER)

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Name: \_\_\_\_\_ Current Telephone: \_\_\_\_\_  
Title: \_\_\_\_\_ Current Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_

I certify that the employment information listed on this form is correct.

\_\_\_\_\_  
Signature of Supervisor or Manager Date

### SECTION 3 (TO BE COMPLETED BY THE WV CENTER FOR NURSING / WV HIGHER EDUCATION POLICY COMMISSION)

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<input type="checkbox"/> Deferment granted	Deferment Start Date: _____	_____
<input type="checkbox"/> Cancellation granted	Deferment End Date: _____	WVCFN Approval
<input type="checkbox"/> Needs more Information	Cancellation Date: _____	_____
	Service Obligation Completion Date: _____	WVHEPC Approval