



# WEST VIRGINIA Nursing Scholarship PROGRAM

## EMPLOYMENT VERIFICATION FORM

### INSTRUCTIONS

The purpose of this form is to verify employment of West Virginia Nursing Scholarship recipients pursuant to the terms of their promissory notes and service obligation requirements. Recipients of the West Virginia Nursing Scholarship Program are required to submit yearly verification of compliance with their service obligation terms as explained in the promissory note they signed or are required to repay the award. If a recipient changes jobs, you must submit two forms: one from your current employer showing your employment start date and one from your former employer showing both your start and end dates to ensure no gap in the service obligation exists. Recipients should submit verification in the anniversary month of the date of their first employment until their service obligations are complete. The form can be emailed back to us at [nursing@wvhepc.edu](mailto:nursing@wvhepc.edu). You may take a photo of the completed form or scan it in and email it to us at the address listed above.

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

Graduation Date: \_\_\_\_\_ Degree Type: LPN ASN BSN GRADUATE

Place of Employment: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Employment Address: \_\_\_\_\_ Work Status: FULL-TIME PART-TIME PER-DIEM  
(worksite location) \_\_\_\_\_  
Employment Start Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employment End Date (or to "present"): \_\_\_\_\_

**I certify that I am employed by the terms of my service obligation and that the information entered above is true. I will submit employment verification each year on the anniversary month of the date of my first employment each year until my service obligation is fulfilled or I might be required to repay the award plus interest and collection fees as laid out in the terms of my promissory note.**

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

### Employer Information

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

I certify that the employment information listed above for my employee is correct.

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