



PCC OCNE Nursing Program Healthcare Experience Documentation Form - Part I

Applicant Name:	Applicant Student ID Number: G0
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Part I: To Be Completed by The Applicant

Applicants may earn up to 4 points possible for healthcare experience hours completed in the last 10 years.

Please check off the box that reflects your healthcare experience hours:	<input type="checkbox"/>	1000 – 1999 hours = 4 points
	<input type="checkbox"/>	240 – 999 hours = 2 points

- Healthcare experience hours will be counted through the end of fall term (December 17, 2023) prior to the application deadline. Healthcare experience points will not be awarded if forms are incomplete or if supporting documentation of paid or unpaid work experience hours is missing.
- International or domestic hours of healthcare experience (paid or unpaid; examples of facilities where healthcare experience could have been completed: medical setting, home care, community health, health education, or military)
- All supporting documents must be translated to English and be included/uploaded in the documents section in the Nursing CAS application.
- **Failure to upload supporting documentation will affect consideration for experience points.**
- **All required documentation must be uploaded to the documents section in the NCAS application by 8:59pm PST (11:59pm EST) on February 15, 2024. Documentation submitted after that date and time will not be considered.**
- By signing below, I certify that my information is complete and understand that providing false information on this form will result in nullification of application and/or dismissal from the program.
- I understand that I am required to submit both pages of this form for my experience to be considered.

Applicant Signature: _____ Date: ____/____/____

Both pages of this form must be uploaded to the documents section in the NCAS Application.



PCC OCNE Nursing Program Healthcare Experience Documentation Form - Part II

Part II: To Be Completed by The Supervisor or Human Resource Representative			
Supervisor/Human Resources Representative Contact Information:			
Organization or Business Name & Address:			
Supervisor Name/HR Representative Name:			
Supervisor/HR Representative Title:			
Primary Contact Phone:			
Primary Contact Email:			
Applicant Position Title at your facility:			
Dates of Employment/Service:	Begin Date:	End Date:	
Hours completed though December 17, 2023:	Total Hours:		
Is this position a paid employee? (Please check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are credentials required for this position? (Please check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES, please specify the credential type:			
Please provide a brief description below of the position/service performed OR attach a detailed job description if desired:			

I verify the above-identified applicant's work experience and hours are complete and true. PCC reserves the right to contact anyone listed on this form to verify that this information. **Forms will not be accepted without a valid supervisor/HR representative signature.**

Supervisor/HR Representative Signature: _____ Date: ____/____/____

Both pages of this form must be uploaded to the documents section in the NCAS Application.