



PCC Nursing Program Service Member Experience Documentation Form

Part I: To Be Completed by The Applicant

Applicant Name:

Applicant Student ID Number:

G0

Applicants who have served (or are currently serving) as one of the following: Active or reserve members of the United States Military, Veterans of the United States Military and AmeriCorps or Peace Corps Volunteers will need to submit this service member experience documentation form. **Military Veterans will also need to submit their DD214, member 4 copy.** This form must be filled out completely and uploaded to the applicant's documents section prior to submitting their NCAS application no later than February 16, 2026.

For active military members, AmeriCorps or Peace Corps Volunteers:

The service member experience documentation form will not be accepted without a commanding officer, volunteer coordinator or supervisor signature.

Military Veterans:

The DD214 member 4 copy requirements will serve as the authorized signature.

Providing false information on this form will result in nullification of application.

Part II: To Be Completed an Authorized Member of The Service Branch

Please Select the Organization:

☐ U.S. Military

☐ Peace Corps

☐ AmeriCorps

Commanding Officer/Coordinator/Supervisor Name:

Contact Phone:

Email Address:

Please list the applicant's dates of service:

Start Date:

End Date:

Please provide a brief description of duties performed while providing services for your organization. Military Veterans will also need to submit their DD214, member 4 copy. Attach a position description if desired.

I verify the above identified applicant's service member experience is accurate and true. PCC reserves the right to contact anyone listed on this form to verify this information.

Authorized Organization Signature: _____ **Date:** ____/____/____

This form must be uploaded to the documents section of your NCAS Application.