



### Verification of Work Hours form

As part of the application process, all applicants are required to verify at least 2400 hours as an RN or APRN within the past 24 months. \*It is preferred that AGACNP applicants have at least 2400 hours in an acute care setting (ICU, Med-Surg or Emergency Department).

Applicant instructions: Complete the applicant information below and forward this your current/former Supervisor or HR Contact to validate your required work hours. After the form is completed by your supervisor/HR contact, please upload with your application or send a PDF of the form to [gradapp@mailbox.sc.edu](mailto:gradapp@mailbox.sc.edu). \*Please note you will not be able to submit your application until this is uploaded.

#### Applicant information:

Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Former/Maiden name (if applicable): \_\_\_\_\_

Employer \_\_\_\_\_

Check one:  currently employed, start date \_\_\_\_\_

previously employed, start date \_\_\_\_\_ end date \_\_\_\_\_

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*Supervisor/HR Contact: Please complete the information below and return this form to the (former) employee.*

**Did the indicated employee complete at least 2400 hours of work as an RN within the past 24 months:**

Yes  No If No, please indicate how many hours were completed: \_\_\_\_\_

**Were these completed in an acute care setting (ICU, Med-Surg or ED)  Yes  No**

**Date(s) completed:** \_\_\_\_\_

**Supervisor/HR Contact Name:** \_\_\_\_\_

**Supervisor/HR Contact Email Address:** \_\_\_\_\_

**Supervisor/HR Contact Phone Number:** \_\_\_\_\_

***I attest that the above named individual worked at least the number of work hours indicated above.***

***Please initial or provide an electronic signature:*** \_\_\_\_\_

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Applicant: Please upload this form with your application or email the form to [gradapp@mailbox.sc.edu](mailto:gradapp@mailbox.sc.edu).