



Mt. San Jacinto College  
Associate Degree Nursing Program  
Criteria 7 – Work Experience

Check box if this letter is to be used for Criteria 4E as well (attach a copy of unofficial transcripts and highlight prerequisites taken during the time you were working).

Employee Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Total number of hours completed: \_\_\_\_\_

**\*\*Please note that the 100 hours of work experience must be health care related and completed within the last 3 years\*\***

Employee Title: \_\_\_\_\_

List of tasks/duties:

Employer/Supervisor Signature: \_\_\_\_\_

Employer/Supervisor Printed Name: \_\_\_\_\_

Title:

Organization: \_\_\_\_\_

Please attach or provide Business card/Company contact information below: