



3800 Michigan Avenue ~ Fort Myers, FL 33916 ~ 239-334-4544 ~ www.fortmyerstech.edu

Professional Nursing (LPN-RN) Experience Documentation Form

Complete and save this form before you begin the online application.

First Name: _____ Last Name: _____ Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please PRINT your responses.

Please document all current experience and employment as an LPN in any state; any employment as a healthcare worker or LPN in the last 5 years; or any volunteer experience in healthcare starting from most recent to oldest (use back side of paper if more space is needed):

Position	Facility - Department	Address	Start Date (MO/YR)	End Date (MO/YR)
<i>Sample – Staff LPN</i>	<i>ABC Hospital – 4 West PCU</i>	<i>123 Washington St, Fort Myers, FL 33999</i>	<i>03/2020</i>	<i>present</i>

- If previously employed by NCH or Lee Health. Last date worked ____/____/____.
- Eligible for rehire with NCH or Lee Health.
- Currently employed by ____ NCH or ____ Lee Health.

This information is true to the best of my knowledge.

Applicant Signature: _____

Date signed: ____/____/____