

## RCC Nursing Programs

### Healthcare Work Experience Form

Applicant Name: \_\_\_\_\_

RCC ID: \_\_\_\_\_

Dear Employer/Supervisor/Human Resources Manager/Commanding Officer:

The above individual is planning to apply to the RCC Nursing Program(s). To earn additional points in the selection process, the applicant must have a minimum of **300 hours** or more of work experience within the last 5 years of application caring for **human** patients in a position requiring them to have an unencumbered certification or license. The qualifying positions considered are Oregon Certified Nursing Assistant (CNA-1 or 2), or OSBN Licensed Practical Nurse (LPN), Respiratory Therapist, Emergency Medical Technician (EMT), Paramedic, Certified Medical Assistant, or service as a Medic or Corpsman in one of the Armed Services. Additional hours above 300 are awarded extra points in increments.

**By providing this form to you to complete, this applicant permits you to provide the requested information. Please complete this form entirely and return it to the applicant.** Incomplete forms (signature, description of duties, roles, hours, etc.) will result in zero points for the applicant.

Applicants may earn points by submitting multiple work experience documents from multiple employers.

Applicants with work experience in any area of human patient care not listed above (or from another state or country) may be awarded points if this form is completed and an explanation of why their certification/licensed healthcare experience should be considered. Points for work experience in areas not listed above will be dependent on demonstrable similarity of duties for the Nursing role and the requirement of such to renew their certification/license. Be sure to attach proof of training certification/license or other documented proof.

Supervisor/HR departments, please complete and return to the applicant to upload before the application deadline of February 15, 2025. Any questions may be directed to the RCC Nursing Department at 541-956-7308.

Sincerely,  
Rogue Community College, Nursing Programs

Please identify the healthcare role/position held by this applicant in your organization, supervisor name and title/credentials of supervisor.

Role: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
*Name, Title, Credentials*

Did this position require Oregon/National certification, licensure, or national certification as indicated above? Yes\_\_\_No\_\_\_

If a CNA position, was the supervision of this employee by an OSBN Registered Nurse? Yes\_\_\_No\_\_\_

If one of the positions above, was work hours in the role required for recertification? Yes\_\_\_No\_\_\_

If not one of the roles listed above, was licensure/certification, or training required for the role? Yes\_\_\_No\_\_\_

Please describe the employee's healthcare role in patient care.

Role \_\_\_\_\_ Work hours \_\_\_\_\_

Role \_\_\_\_\_ Work hours \_\_\_\_\_

Role \_\_\_\_\_ Work hours \_\_\_\_\_

Total number of hours in this facility providing human, hands-on patient care listed as qualifying positions for points \_\_\_\_\_

Total number of hours in this facility providing human, hands-on patient care not listed under qualifying positions \_\_\_\_\_

\_\_\_\_\_  
*HR personnel/Supervisor/Commanding Officer*

\_\_\_\_\_  
*Printed Name and Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Facility/Organization*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone Number*