Health Care Experience Documentation Form
(OCNE Bachelor of Science Applicants)

Applicants to the OCNE Bachelors of Science with a Major in Nursing program with any type of health care experience can fill out this form as part of the application process. Health care experience is not a requirement for being admitted into the nursing program and this form is not required in order for the application to be reviewed. However, additional consideration will be given for those with 400 or more hours of CNA or other health care work or volunteer experience.

ELIGIBILITY:

- Applicants must be applying to the 3 year OCNE Bachelor of Science with a Major in Nursing program to receive consideration for this type of experience. This experience is not considered for Accelerated Bachelor or RNBS applicants.
- Applicants can accrue health care experience hours from any point up to February 15th for consideration but no hours beyond this deadline will be considered in the total amount of hours accrued for this application cycle.
- Applicants can count health care experience for both work and volunteer activities as long as the activities are associated with a specific healthcare organization and were supervised by an official at that organization. EMT, CNA, LPN experience will be considered. Babysitting, caring for sick loved ones, or unsupervised volunteer or work hours will not count.

TO BE COMPLETED BY THE APPLICANT

Volunteer or work hours from multiple organizations can be combined to create a total number of hours fitting one of the ranges listed below.

Applicant First & Last Name: __________________________________________ (Please be sure to list any other names that your documentation may be listed under).

Email Address: __________________________ Phone: _______________________

Please indicate the number of volunteer/paid hours you have completed as of (date): ________________

☐ 400-1999 hours ☐ 2000+ hours

Please list any certifications (if applicable): __________________________________________
Agency Information: Please complete the following information for each organization that you have accrued health care experience. Any supervisor, manager, or HR representative can certify that the applicant has completed all of the hours identified on this form. OHSU reserves the right to contact anyone listed on this form to verify that this information is true and correct.

Agency Name: ___________________________ Title: ___________________________

Total # of hours accrued: ______________________ Dates Worked: ______________________

Supervisor Name: ___________________________ Supervisor Title: ____________________ Phone: _________

Supervisor Signature: ___________________________ Date: ______________________

Agency Name: ___________________________ Title: ___________________________

Total # of hours accrued: ______________________ Dates Worked: ______________________

Supervisor Name: ___________________________ Supervisor Title: ____________________ Phone: _________

Supervisor Signature: ___________________________ Date: ______________________

Agency Name: ___________________________ Title: ___________________________

Total # of hours accrued: ______________________ Dates Worked: ______________________

Supervisor Name: ___________________________ Supervisor Title: ____________________ Phone: _________

Supervisor Signature: ___________________________ Date: ______________________

Applicant Verification:

I hereby certify that the above information is true and accurate. I understand that the information provided in this document will be used in the review of admission into the OHSU undergraduate nursing program and that providing false information on this form could be grounds for revoking an offer of admission and or dismissal from the program.

Applicant Signature: ___________________________

After completing this form, upload it to the document upload section of your NursingCAS account. After uploading, go to “Designations” on the home page of your Nursing CAS account, select “designated schools” then Oregon Health & Science University and ATTACH the document to your designated program.