



**Mt. San Jacinto College**  
**Associate Degree Nursing Program**  
**Criteria 9 – Work Experience**

Check box if this letter is to be used for Criteria 6E 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:

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

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

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

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

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