



**MEDICAL LABORATORY/PHLEBOTOMY
WORK EXPERIENCE**

Application Term (Circle One): Spring Fall Year: _____

Full Name (Please Print): _____ NSHE#: _____

Email Address: _____ Telephone #: _____

Facility Information

Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor Information

Name of Supervisor (Please Print): _____

Title: _____ Telephone #: _____

Experience

Employment Status (Circle One): Full-Time Part-Time Temporary

Position Held: _____ Hourly Wage: _____

Dates of Employment (MMDDYYYY): From: _____ To: _____

Please describe in detail other work activities, duties, and responsibilities of the applicant:

By my signature on this form, I give my permission for this form to be filled out in its entirety by the above mentioned employer and then returned to the CSN Clinical Laboratory Sciences Program for inclusion with and consideration of my application. *This form must be completed in its entirety for application consideration.*

Applicant Signature: _____ Date _____

To be completed by the Clinical Laboratory Sciences Program Director or Designee Only.

____ Approved Work Experience

Points Awarded (Circle One): 1 2

____ Non-Approved Work Experience

Signature: _____ Date: _____