



LPN-RN Online Program
Employer Documentation of Hours Practiced as a Licensed Practical Nurse
Permission to Release Information

I, _____, am seeking admission to the
(Printed Name)

Allegany College of Maryland's online LPN-RN nursing program. I must document that I have worked as a licensed practical nurse for at least one (1) year and a minimum of 2,000 hours. I am requesting your verification that this requirement is met by checking either (A) or (B) at the bottom of this letter. I give permission for you to release this information to Allegany College of Maryland's Nursing Department.

Applicant Signature: _____ Date: _____

A Human Resource Officer or other official representative of the agency is to complete the following information and MAIL to the Department of Nursing.

Name of Facility: _____

Physical Address: _____

City _____ State _____ ZIP _____

Please complete the following:

I verify that _____ was/is employed as a licensed
(Print Applicant Name)
practical/vocational nurse a(LPN/LVN) at my institution/agency as indicated below:

_____ (A) applicant has been employed at our facility as a licensed practical nurse for a minimum of 2,000 hours within the last five (5) years.

_____ (B) applicant is/was employed at our facility as a licensed practical nurse for _____ hours.

Signature: _____

Printed Name: _____ Title: _____

Business Phone Number _____ for Verification Purposes

Mail or email this form to: Allegany College of Maryland
Department of Nursing - Online Program
12401 Willowbrook Road
Cumberland, MD 21502

lpnrn@allegany.edu