



ANTELOPE  
VALLEY  
COLLEGE

Health and Safety Sciences

All students applying to the Antelope Valley Nursing program who have 50 hours or more of paid or volunteer work experience (Direct Patient Care) must have their immediate work supervisor complete this form. Once completed, please return to the Antelope Valley College Nursing Department.

Student Name \_\_\_\_\_

Position at place of employment \_\_\_\_\_

Work Title \_\_\_\_\_

Dates of employment in this position \_\_\_\_\_

Acute care \_\_\_\_\_ Extended care \_\_\_\_\_  
(check one)

Job responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of institution \_\_\_\_\_

Supervisor's Name \_\_\_\_\_  
(please print)

Supervisor's Signature \_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_