



WESTMINSTER CAMPUS

3645 West 112th Avenue  
Westminster, CO 80031  
303.404.5000 Tel  
www.frontrange.edu

Re: Health Care Employment as Licensed Practical/Vocational Nurse

Date:

To Admissions Committee:

\_\_\_\_\_ is applying for the LPN-ADN A.A.S. Nursing Program at Front Range Community College-Westminster Campus. As part of the application process, students may verify work experience as an LPN.

This letter and my signature confirm that \_\_\_\_\_ is currently or has been employed and practicing as an LPN for \_\_\_\_\_ hours within the previous \_\_\_\_\_ years.  
Dates of employment? \_\_\_\_\_

\_\_\_\_\_  
Director/Manager Signature

\_\_\_\_\_  
Date

Contact Information (please print)

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Email \_\_\_\_\_

Phone \_\_\_\_\_