



Verification of Employment Form

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As part of your University of Miami School of Nursing and Health Studies (SONHS) graduate application, you are required to submit verification of employment/experience from current and/or former employers. Please complete Section A and provide to your supervisor, manager, or HR designee to fill in your work verification information under Section B. Once the supervisor, manager, or HR designee completes Section B, he/she must submit this form directly to the SONHS via e-mail at SONHS@miami.edu or mail at University of Miami, School of Nursing and Health Studies, Office of Student Services, P.O Box 248153, Coral Gables, FL 33146. Forms submitted by anyone other than the supervisor, manager, or HR designee will not be accepted.

Section A: Basic Information

To be completed by the applicant and given to the supervisor, manager, or HR designee for completion and submission.

_____ Name	_____ E-mail	_____ Phone	_____ Date
_____ Signature	_____ Prospective Entry Term	_____ Prospective Program	

Section B: Verification of Employment

To be completed by the supervisor, manager, or HR designee and submitted to the SONHS via e-mail at SONHS@miami.edu or mail at University of Miami, School of Nursing and Health Studies, Office of Student Services, P.O Box 248153, Coral Gables, FL 33146. This form must be submitted directly by the supervisor, manager, or HR designee or it will not be accepted. Please feel free to contact us at (305) 284-4325 if you have any questions.

What is the name of the practice site or facility in which the applicant is/was employed?

What is/was the job title of the applicant during the time of the applicant's employment?

In which unit(s) does/did the applicant work during the time of the applicant's employment? (Please be specific, e.g., Trauma ICU)

What is/was the applicant's dates of employment with your organization? _____ - _____

How many hours per week does/did the applicant work during the time of the applicant's employment? _____

What are/were some basic position responsibilities of the applicant during the time of the applicant's employment? (Note: You are welcome to attach a position description in lieu of writing this information if you would prefer)

By signing below, you certify the information listed on this form is complete and accurate to the best of your knowledge.

_____ Name	_____ Title		
_____ E-mail	_____ Phone	_____ Signature	_____ Date