

Vermont Board of Nursing
Office of Professional Regulation
National Life Bldg, North FL 2
Montpelier, VT 05620-3402
802-828-1380

Re-Take Application Work History Form

Last Name	First Name	MI	Former/Maiden
Mailing Address - Street			
City	State	Country	Postal Code
Telephone:	Fax:	E-Mail:	Date of Birth

I have practiced nursing as defined in 26 V.S.A. § 1576, for at least (check the appropriate statement):			
<input type="checkbox"/>	120 days (960 hours) in the last 5 years	<input type="checkbox"/>	50 days (400 hours) in the last 2 years

Position #1 (most recent)			
Employer (Institution Name)	City	State	Country
Dates of Employment:	From:	To:	
Full Time or Part Time?		Paid or Volunteer?	
Job Title:			

Position #2			
Employer (Institution Name)	City	State	Country
Dates of Employment:	From:	To:	
Full Time or Part Time?		Paid or Volunteer?	
Job Title:			

<input type="checkbox"/> I have not worked as a nurse in the last 2 or 5 years. (check the box if this statement applies to you)

Statement of Applicant
I hereby certify that all information I have provided in this form is true and accurate to the best of my knowledge. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure or further disciplinary sanction.
Signature: _____ Date: _____