

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

Work History Request:

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

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

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

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

<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)
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<b>Statement of Applicant</b>	
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.	
<b>Signature:</b>	<b>Date:</b>