

WEST VIRGINIA STATE BOARD OF EXAMINERS FOR
LICENSED PRACTICAL NURSES

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VERIFICATION OF EMPLOYMENT

NAME OF LICENSEE: _____

ADDRESS OF LICENSEE: _____

WV LPN LICENSEE NUMBER: _____ SOCIAL SECURITY #: XXX-XX-_____

THIS IS TO VERIFY THAT THE ABOVE INDIVIDUAL HAS ENGAGED IN _____ CLOCK HOURS AS A LICENSED PRACTICAL NURSE BETWEEN JULY 1ST, 2020 AND JUNE 30TH, 2022.

NAME OF FACILITY/AGENCY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NAME OF INDIVIDUAL VERIFYING EMPLOYMENT

TITLE

SIGNATURE OF INDIVIDUAL VERIFYING EMPLOYMENT

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 _____

MY COMMISSION EXPIRES ON THE _____ DAY OF _____, 20 _____

SEAL

NOTARY PUBLIC