

TEXAS CHRISTIAN UNIVERSITY  
School of Nurse Anesthesia

**Work History Verification**

Unit managers will need to verify your work history.  
Complete a separate form for each facility where you have worked in the past 5 years.

Applicant's name: \_\_\_\_\_

RN license number and issuing state: \_\_\_\_\_

Name of facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Beginning date of employment \_\_\_\_\_

End date of employment \_\_\_\_\_

Full time: \_\_\_\_\_

Part time: \_\_\_\_\_

Travel assignment: \_\_\_\_\_

Type of critical care unit: \_\_\_\_\_ Number of beds: \_\_\_\_\_  
(Please specify)

\_\_\_\_\_ Number of beds: \_\_\_\_\_

\_\_\_\_\_ Number of beds: \_\_\_\_\_

Signature of unit manager: \_\_\_\_\_

Print name of unit manager: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Upload the completed form to the TCU School of Nurse  
Anesthesia application in NursingCAS