



GEORGIA BOARD OF NURSING

3920 Arkwright Rd

Suite 195

Macon, Georgia 31210

VERIFICATION OF EMPLOYMENT FORM - RN APPLICANTS

To be Completed by the Employer

Please complete the form in its entirety. Be sure to accurately document the employee's position/title and whether licensure as a registered nurse was required. Submit this form by email to nursing@sos.ga.gov.

Name of Employee/Nurse:

Facility/Business/Employer Name:

Physical Address:

City:

State:

Zip:

Phone:

Email:

Employer Information:

Is this a federal agency of the United States Government? No Yes

Is this an acute care inpatient hospital? No Yes

Is this a long term acute care facility (LTAC)? No Yes

Is this an ambulatory surgical center or obstetrical facility as defined in O.C.G.A. §31-6-2? No Yes

Is this a skilled nursing facility that has at least one hundred (100) beds and provides health care to patients with similar health care needs as those patients in a long term acute care facility? No Yes

Employee's Position/Title:

Is an RN license a qualification/requirement for employment in this position? No Yes

Is an APRN license or authority a qualification/requirement for employment in this position? No Yes

If a different location of the employer is listed above, please identify the physical location where the employee practiced.

Facility/Business/Employer Name:

Physical Address:

City:

State:

Zip:

Phone:

Email:

Dates of Employment:

Employed From _____ (Month/Year) to _____ (Month/Year)

Were there any periods of extended absence during employment? No Yes

If yes, please provide dates" _____ (Month/Year) to _____ (Month/Year)

Please complete the grid below:

Year	Hours Worked Per Year	Job Title/Description

Name and title of individual verifying employment information:

I hereby certify that I am the custodian of records at the facility listed on this form and the information submitted on this form are true and correct statements of this applicant's employment with our facility.

Signature Date

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public Commission Expiration Date

****If a notary is unavailable at your facility, please submit a letter (along with this form) on company letterhead advising "No Notary" on site.**