

**MODESTO JUNIOR COLLEGE  
ASSOCIATE DEGREE NURSING PROGRAM**

**CRITERION 1C: RELEVANT WORK EXPERIENCE  
SUPPORTING DOCUMENTATION FORM (SDF)**

Student name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student phone number: \_\_\_\_\_

**SECTION 1:** To be completed by student.

This form and required documentation will be submitted by the student to the ADN program upon request. Check the appropriate box(es) below. Only provide one license or certificate in each category, if applicable.

HEALTH CARE WORK UNDER LICENSE OR CERTIFICATE	LICENSE OR CERTIFICATE #	REQUIRED DOCUMENTATION
<input type="checkbox"/> (1) Licensed Vocational Nurse (LVN) with IV certification, Licensed Psychiatric Technician (LPT), Registered Respiratory Therapist (RRT), Certified Respiratory Therapist (CRT), Paramedic, Physician		Criterion 1C SDF
<input type="checkbox"/> (2) Certified Nurse Assistant (CNA), Certified Medical Assistant (CMA), Emergency Medical Technician (EMT) – CA certification or national registry		Criterion 1C SDF

**SECTION 2:** To be completed by employer.

In order to receive points in the application process for the MJC Associate Degree Nursing program, applicants are asked to document they have worked at least **1000** hours in the five years prior to February 14 of this year in one or more of the two categories listed above.

As an employer, you are being asked to verify and document the information requested below: Was the student listed above employed by your organization under one or more of the job titles listed above during the five years prior to February 14 of this year? Yes  No

If yes, please list job title(s) \_\_\_\_\_ and complete the information below:

Employment: Start date: \_\_\_\_\_ End date: \_\_\_\_\_ **Total** hours worked: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer mailing address: \_\_\_\_\_

Employer email: \_\_\_\_\_ Employer phone number: \_\_\_\_\_

**My signature verifies the information above is correct.**

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

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