TN Department of Human Resources

Department of Human Resources – Agency Resource Center

Nurse Qualification Sheet
Creditable Months of Service for RN's or LPN's
(to be completed by HR representative)

EMP ID / SSN: ______________________________

Employee Name: ______________________________

Date: ______________________________

Division/Facility: ______________________________

Position #: ______________________________

License Type/Number: __________ __________
(attach a copy)

Expiration Date: ______________________________

Original Date of License: ______________________________

________Months = __________ Years of Nursing Experience

Base Monthly Salary (per parity): ______________________________

Employee Signature: ______________________________

Verified by:

____
Human Resources Officer

Approved By:

____
Chief Officer / Regional Director

____
Commissioner

Year	Months	F / P