

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