



NURSING PROGRAM HEALTHCARE EXPERIENCE VERIFICATION FORM

Bellingham Technical College requires applicants to the Associate Degree Nursing DTA/MRP program to have healthcare experience. Experience in healthcare may be demonstrated by certification or training in an Allied Healthcare Field* or other experience to be evaluated on a case by case basis. The nursing program will review and either approve or deny an applicant's healthcare experience.

This form must be approved prior to applying to the Nursing program!

Submit completed form to the Nursing Program by one of the following methods: email to nursing@btc.edu OR in-person to Haskell Center 206 OR by mail to BTC Nursing Program, 3028 Lindbergh AVE #HC 206, Bellingham, WA 98225.

Students will be notified by email when Nursing Program evaluation is complete.

Student Full Name (please print): _____

List any previous names: _____

SID: _____ **Date of Birth:** _____ **Phone Number:** _____

Email Address: _____

Type of Healthcare Experience (choose only **one** of the following):

Certification in Allied Healthcare Field: attach printout from the [Washington State Dept. of Health \(DOH\) website](#) PDF scans or paper copies only. JPG files and photos will not be accepted.

Credential Type: _____

State/Jurisdiction: _____ Credential #: _____

Credential Status: _____ First Issue Date: _____

Last Issue Date: _____ Expiration Date: _____

Training in an Allied Healthcare Field: attach unofficial transcripts as proof of successful completion of training

Other: attach a written explanation of 500 words or less detailing how your experience meets the requirements

**Allied healthcare fields include but are not limited to: Nursing Assistant, Medical Assistant, Paramedic, Emergency Medical Technician, Radiology Technologist, Surgical Technologist, Home Care Aid, Emergency Medical Responder, or Healthcare Specialist.*

Student Signature: _____ **Date:** _____

For Official Use Only

No Enforcement Action Taken Approved by Nursing Program Denied by Nursing Program

Nursing Program Representative

Signature

Date