

The University of Scranton  
Master of Science in Nursing Degree  
*Concentration in Nurse Anesthesia*

Clinical Experience Verification  
(To be completed by employer(s) covering the last 5 years)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_

Full Time: \_\_\_\_\_

Part Time: \_\_\_\_\_

Type of Unit \_\_\_\_\_ Number of beds: \_\_\_\_\_

(Please specify)

\_\_\_\_\_ Number of beds: \_\_\_\_\_

\_\_\_\_\_ Number of beds: \_\_\_\_\_

Signature of Employer: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

*\*Use one copy per employer/facility*

Return to:  
The University of Scranton  
Office of Graduate Admissions-The Estate  
800 Linden Street  
Scranton, PA 18510-4549  
Ph. (570) 941-4416  
Fax (570) 941-5995