WORK EXPERIENCE REPORT FORM FOR MICHIGAN PROFESSIONAL SCHOOL NURSE CERTIFICATE

Instructions:
If you are applying for the Professional School Nurse Certificate, this form must be completed by the Superintendent or Chief Official of the school district or school and submitted with your application documents.

CERTIFICATION OF EXPERIENCE IN A SCHOOL NURSE ASSIGNMENT

This is to certify that _____
(first name) (middle/maiden name) (last name)

Last 4 Digits of Social Security Number: XXX-XX-_____ OR MOECS Application Number:_____

Has been employed as a school nurse from _____ to _____
(month) (day) (year) (month) (day) (year)

Name of School District or School in Which Candidate Worked
School District's/School's Address:

THIS CANDIDATE'S SERVICE IS RATED: ☐ **SUCCESSFUL** ☐ **UNSUCCESSFUL***

***When an unsuccessful rating is recorded, please provide an explanation on the reverse side of this page.**

_____ _____
Superintendent or Chief Official's Signature Date

_____ _____
Name and Title (please type or print) Area Code/Telephone Number

THIS FORM MAY BE DUPLICATED AS NEEDED