Faculty of Health Disciplines
1 University Drive
Athabasca, AB T9S 3A3

Employment Verification Letter for Application to the Post-LPN BN Program

Applicants are encouraged to share this information with their employer to ensure their submission will meet the application requirements.

Incorrect or incomplete applications will not be considered; there are no exceptions for late submissions, and admission decisions are not appealable.

IMPORTANT: Portability letters and/or previously submitted letters are not accepted.

The employment verification letter must be on official letterhead and must include the following:

❑ Date the letter was issued (must be within the current application cycle).

❑ Employee's/applicant's full name (must be the same as the CLHA permit).

❑ Employee's/applicant's job position (if the job title is not "Licensed Practical Nurse," the letter must confirm that the position requires LPN registration).

❑ Facility or organization, unit, patient focus on that unit.

❑ Dates of employment.

❑ Total hours worked.

❑ Name and contact information of the employer representative who prepared the letter.