

date and time will not be considered.



CCC Nursing Program Service Member Experience Documentation Form

| PART 1: To be completed by the Applicant | | |
|--|--|--|
| Applicant Name: | Applicant Student ID Number (if applicable): | |
| | | |
| | | |
| Applicants who have served (or are currently serving) as one of the following: Active or Reserve members of | | |
| the United States Military or Veterans of the United States Military will need to submit this service member | | |
| experience documentation form. This form must be filled out completely and uploaded to the applicant's NCAS | | |
| online application by 8:59pm PST (11:59pm EST) on February 15, 2023. Documentation submitted after that | | |

The service member experience documentation form will not be accepted without a commanding officer (for active Military Members), or supervisor signature.

Military Veterans: The DD214 member 4 copy requirement will serve as the authorized signature.

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|---|---|----------------------|--|
| PART 2: To be completed an authorized member of the service branch | | | |
| Please Select the Organization: | | | |
| ☐ U.S. Military | | | |
| Commanding Officer/Coordinator | r/Supervisor Name: | | |
| | | | |
| Contact Phone: | Email Address: | | |
| | | | |
| Please list the applicant's dates of service: | | | |
| Start Date: | End Date: | | |
| Total number of hours completed: | | | |
| | mplete by the end of Fall Term prior to the application | | |
| Please provide a brief description of duties performed while providing services for your organization. | | | |
| Military Veterans will also need to submit their DD214, member 4 copy. | | | |
| Attach a position description if desired. | | | |
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| | | | |
| I verify the above identified applicant's service member experience and hours are complete and accurate. The accrued service member hours have been calculated through the end of fall term 2022 (December 18, 2022). | | | |
| | myone listed on this form to verify that this informat | | |
| Note to applicant: Providing false idismissal from the program. | information on this form will result in nullification o | f application and/or | |
| Authorized Organization Signature | · | Date: | |

This form must be uploaded to your NCAS Application.