



CCC Nursing Program

## Healthcare Work Experience Documentation Form-Part 1

<b>Applicant Name:</b>	<b>Applicant Student ID Number (if applicable):</b>
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**Applicants may earn up to 6 points for Healthcare Work Experience in direct patient care.**

Examples of direct patient care may include: Certified Nursing Assistant, Medical Assistant, Emergency Medical Technician, Phlebotomist, Occupational Therapist, Massage Therapist, etc.

Please check off the box that reflects your healthcare work experience hours in direct patient care.

- |                          |                            |
|--------------------------|----------------------------|
| <input type="checkbox"/> | 200-999 hours = 2 points   |
| <input type="checkbox"/> | 1000-1999 hours = 4 points |
| <input type="checkbox"/> | 2000 + hours = 6 points    |

- Healthcare experience hours must be complete by the end of January prior to the application deadline.
- Healthcare experience points will not be awarded if this form is incomplete.
- All supporting documents must be translated to English and be included/uploaded in your Nursing CAS application.
- **All required documentation must be uploaded to your NCAS online application by 8:59pm PST (11:59pm EST) on February 15, 2026. Documentation submitted after that date and time will not be considered.**
- By signing below, I certify that I have uploaded proof of a healthcare experience (direct patient care) for consideration by the admission evaluation committee.
- By signing below, I certify that I understand that providing false information on this form will result in nullification of application and/or dismissal from the program.
- I understand that I must submit both pages of this form for my experience to be considered.

**Applicant Signature:** \_\_\_\_\_

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

**Both pages of this completed form must be uploaded to your NCAS Application.**



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**Healthcare Work Experience Documentation Form-Part 2**

<b>PART 2: To be completed by the supervisor or human resource representative</b>			
<b>Supervisor/Human Resources Representative contact information:</b>			
Applicant Name & Title at your facility:			
Organization or Business Name & Address:			
Supervisor Name/HR Representative Name:			
Supervisor/HR Representative Title:			
Primary Contact Phone:			
Email Address:			
<b>Dates of Employment/Service:</b>	Begin Date:	End Date:	
<b>Hours completed through January 24, 2026:</b>	Total Hours:	-OR-	Average Weekly Hours:
Is this a paid employee position? (Please check one)	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Is a certification or licensure required for this position?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<b>If YES, please specify the license or certification type:</b>			
Please provide a brief description of the position/service performed OR provide a detailed position description to be uploaded to the applicants NCAS application:			

I verify the above-identified applicant's work experience and hours completed. The accrued work experience hours have been calculated through **January 24, 2026**. CCC reserves the right to contact anyone listed on this form to verify that this information is true and correct. All required documentation must be uploaded to the applicant's NCAS online application by 8:59pm PST (11:59pm EST) on February 15, 2026. Documentation submitted after that date and time will not be considered. **Forms will not be accepted without a valid supervisor signature.**

**Supervisor/HR Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Note to applicant:** Providing false information on this form will result in nullification of application and/or dismissal from the program.*

**Both pages of this completed form must be uploaded to your NCAS Application.**