



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, Veterans of the United States Military and AmeriCorps or Peace Corps Volunteers 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, 2026. Documentation submitted after that date and time will not be considered.

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/Coordinato	r/Supervisor Name:	
Contact Phone:	Email Address:	
Please list the applicant's dates of	f 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 de	esireu.	
accrued service member hours hav	eant's service member experience and hours are comprebeen calculated through the end of fall term 2025 (anyone listed on this form to verify that this informat	December 13, 2025).
CCC reserves the right to contact a	anyone nated on this form to verify that this informat	ion is true and confect.
Note to applicant: Providing false dismissal from the program.	information on this form will result in nullification o	f application and/or
Authorized Organization Signature	e:	Date: