



Board of Nursing Home Administrators

Verification of Employment

The applicant listed below is requesting official employment verification. This will be used by the Iowa Board of Nursing Home Administrators to evaluate the applicant's request for substitution of experience in long-term health care administration for the required practicum. Please return to the Board address at the bottom of the page.

Applicant Name

Your name and title (owner, chief operating officer, human resources officer, or board president)

Company/facility name

Address

City/State/Zip

Applicant Employment History with this company/facility:

List in order beginning with first position held. Attach additional sheet if needed

Dates From/To	Facility Name(s)	Position(s) Held

Your Signature: _____

Date Signed: _____