

Instructions: Please complete each field as thoroughly as possible. We realize that not every applicant, depending on his or her intended pathway, will have experience in all of the fields listed below. For any field to which information cannot be provided, please type "N.A." Please submit completed form to luoverify@liberty.edu.

Personal Information

Name: _____

Home Address:

Telephone Number:

Email Address:

Citizenship:

Employment Information

Name of Present or Most Recent Employment and Position:

Length of Employment (Indicate in MM/DD/YY to MM/DD/YY. If still employed, write *current* as end date.):

Employer's Address:

Supervisor and Contact Number (REQUIRED):

If you have been employed less than two with the above employer, please provide additional employment information.

Name of Employment and Position:

Length of Employment (Indicate in MM/DD/YY to MM/DD/YY): :

Employer's Address:

Supervisor and Contact Number (REQUIRED):

Educational Information

Undergraduate Institution:

Undergraduate Degree Awarded:

Graduate Institution:

Graduate Degree Awarded:

Additional Institution and Degrees Awarded:

Academic Appointments (Title and Institution):

Nursing Experience

RN License (State and Number):

APRN License (State and Number):

APRN Certification:

Clinical Experience (Highlight accomplishments achieved in role):

Professional Organization (List a maximum of 10 and differentiate membership from active involvement):

Honors and Awards:

Service on National Grant Review Panels and/or Committees:

Additional Information

Community Service:

Consultations:

Research/Grants:

Publications:

Conference Presentations:

Continuing Education:

Consent to Contact Employers

By signing below, you are providing permission for Liberty University's Doctor or Nursing Practice Program to contact your former employer(s) to verify the admissions requirements of two year's professional work experience.

Name (sign in ink): _____

Date: _____