Indian River School District
31 Hosier Street
Selbyville, DE 19975
Phone: (302) 436-1000

Delaware School Districts only:
# of Days of Accrued Sick Leave_____

FORM E/NT:
VERIFICATION OF NON-TEACHING EXPERIENCE
NURSE

Applicant: Complete TOP section ONLY, *then* **forward** this form **to your previous employer(s)**. This form ***must*** be mailed by **US Mail** to the above address **or** emailed ***by your former employer*** to:

irsd.personnel@irsd.k12.de.us

Forms submitted directly by the applicant will not be accepted.

This section is to be completed by the Applicant			
Print NAME: (Last, First, Middle, Maiden)			SOCIAL SECURITY #
ADDRESS:	CITY:	STATE:	ZIP:
APPLICANT SIGNATURE:			DATE:

Personnel Officer ONLY: *Please verify employment and performance for the applicant.*

Print NAME of Personnel Officer and Title:	OFFICER SIGNATURE:	DATE:
EMPLOYER NAME and ADDRESS:	EMAIL ADDRESS	PHONE#:

According to Regulation 1582 School Nurse: The applicant shall have completed 3 years of supervised clinical nursing experience as a registered nurse consisting of a minimum of 500 hours per year for a total of 1,500 hours during the 3-year period. This requirement shall not be met in a school setting.

DATES OF SERVICE: FROM: MM/DD/YY	TO: MM/DD/YY	Full-Time Y/N	Part-Time Y/N	Per-Diem Y/N	TOTAL HRS PER DAY	TOTAL HRS PER WEEK	TOTAL MONTHS PER YEAR

Brief description of job responsibilities: