



VERIFICATION OF OBSERVATION / JOB-RELATED EXPERIENCE

Practical Nursing Technology Program

Each applicant to the State Technical College of Missouri Practical Nursing Technology Program is required to complete four observation hours under the supervision of a Licensed Practical Nurse (LPN) or Registered Nurse (RN). This form serves as documentation of the observation experience and is a required component of the program application. To ensure accurate verification, the form should be completed jointly by the applicant and the nurse overseeing the observation experience.

APPLICANT INFORMATION

Applicant's Name: _____

Name of Supervisor
Overseeing
Observation: _____

Name of Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Facility Phone: _____

Applicant Signature: _____

SUPERVISING NURSE VERIFICATION

Nurse Credential: ☐ LPN ☐ RN

Observation Setting: ☐ Skilled Nursing/LTC ☐ Clinic ☐ Hospital Acute Care ☐ Other _____

Date	Hours	Duties / Responsibilities Observed

Supervising Nurse Comments (Required): If left blank, the applicant will not receive credit for the observation experience. _____

I certify that the information provided is accurate to the best of my knowledge.

Supervising Nurse Signature: _____ **Title:** _____ **Date:** _____

Please upload your completed Observation Hours Form through your Applicant Portal. You can log in to monitor your application status and submit required application materials. If you have difficulty locating the document upload area, please contact the Admissions Office for assistance.