

# Verification of Employment

**Iowa Board of Nursing Home Administrators  
Lucas State Office Building, 5<sup>th</sup> Floor  
321 E. 12th Street  
Des Moines, Iowa 50319-0075**

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 above.

\_\_\_\_\_  
*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: \_\_\_\_\_