

WEST VIRGINIA STATE BOARD OF EXAMINERS FOR  
LICENSED PRACTICAL NURSES

MICHELLE L. CHAPMAN, MSN, MBA/HCM, RN-BC  
EXECUTIVE DIRECTOR  
E-MAIL: [Michelle.L.Chapman@wv.gov](mailto:Michelle.L.Chapman@wv.gov)

LISA M. SHILTZ, BSN, RN  
ASSOCIATE EXECUTIVE DIRECTOR  
E-MAIL: [Lisa.M.Shiltz@wv.gov](mailto:Lisa.M.Shiltz@wv.gov)

WEB: <https://lpnboard.wv.gov>  
E-MAIL: [lpn.board@wv.gov](mailto:lpn.board@wv.gov)



TELEPHONE  
(304) 558-3572

FAX  
(304) 558-4367

101 DEE DRIVE, SUITE 100  
CHARLESTON, WEST VIRGINIA 25311-1688

**VERIFICATION OF EMPLOYMENT**

Name of Licensee: \_\_\_\_\_

Address of Licensee: \_\_\_\_\_

\_\_\_\_\_

WV LPN License Number: \_\_\_\_\_ Last four of Social Security #: xxx-xx- \_\_\_\_\_

This is to verify that the above named individual has engaged in \_\_\_\_\_ **clock hours** as a  
licensed practical nurse between **July 1, 2016 to June 30, 2018 or (90 day limited license dates)**

**90 day limited dates employee worked from:** \_\_\_\_\_ **to** \_\_\_\_\_

Name of Facility/Agency: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Telephone Number of Facility: \_\_\_\_\_

\_\_\_\_\_  
Name of Individual Verifying Employment  
(Type or Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Individual Verifying Employment

\_\_\_\_\_  
Date

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL