

WEST VIRGINIA STATE BOARD OF EXAMINERS FOR  
LICENSED PRACTICAL NURSES

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**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, 2024 to June 30, 2026 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