



RN License Verification and Work Experience Acknowledgement Form

MSN Nurse Educator | RN-to-MSN Nurse Educator | Diabetes Nursing Certificate |
Nursing Leadership Certificate

Capella University's nursing degree programs are designed for working nursing professionals. Many courses have assignments that require learners to draw upon their professional nursing experience; therefore, to be successful in this program, it is critical that, as an applicant, you have practical work experience as a licensed registered nurse (RN).

To ensure learners have the appropriate professional experience, this form must be submitted by each applicant to the program. Your admission application will not be complete and will not be considered until this form has been received by Capella University.*

Please provide the following information relating to your valid RN license:

Name on RN license _____

State of issuance _____

RN license number _____

Expiration Date _____

Signature _____

By checking both of the boxes below and submitting this form, you, the applicant, acknowledge that you understand the admission requirements for the program/specialization and verify that the statements in the *RN License Verification and Work Experience Acknowledgement Form* are true and correct.

☐ I understand that I must keep my RN license current and free of restrictions throughout my degree program.

☐ I acknowledge that I have at least one year of work experience as a licensed registered nurse **-OR-** I acknowledge that I am currently employed as a licensed registered nurse.

* Please note that you must also meet all other Capella admission requirements.