

**Mary Marshall Nursing Scholarship Program (MMNSP),
Virginia Nurse Educator (NE), Long Term For LPN/RN, Virginia Nurse Midwife/Nurse Practitioner (NP/NM)
Scholarship Program**

30 DAY VERIFICATION OF EMPLOYMENT

I, _____ authorize my employer to provide the employment information requested by the Virginia Department of Health, Office of Health Equity (VDH, OHE.) A copy or facsimile of this authorization may be accepted as an original.

Signature of the Scholarship Recipient _____ Social Security Number _____ Date _____

Name of Scholarship _____ Year of Award _____ Home Address _____ Email _____ Telephone Number _____

_____ has applied for or is a participant in the Nursing Scholarship Program administered by the VDH-OHE. As a participant in this program, it is required that employment certification is provided from the employer. Please complete the following section and return it to the address or fax number listed below. Thank you.

Employer/Practice

Site: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Contact & Email: _____

**This Section is to be completed by Employer*

Employment Start Date: _____ **Reporting Period** _____ **to** _____ (30 Days)

**Start date must be after graduation date of program for which the nursing scholarship(s) was/were awarded*

Position: Registered Nurse Licensed Practical Nurse Nurse Practitioner Nurse Midwife/ Nurse Educator
Long Term For LPN / RN

Does the recipient work full-time each week? **Yes** **No**
(Full time is determined by the employer)

Name of Certifying Official/Administrator _____ Title _____

Signature of Certifying Official/Administrator _____ Date _____

Name and address of Organization (if different from Practice Site listed above):

Remit to: Virginia Department of Health
Office of Health Equity
109 Governor Street, Suite 714 West
Richmond, VA 23219
Office: 804.864.7435 Fax: 804.864.7440

Total Days: _____ Remaining Days: _____ Data Entry: / /20
Revised in January
2021