HRSA Nurse Corps

Nurse Corps Scholar Confirmation of Employment Offer Form

Instructions: The Nurse Corps (NC) scholar and site point of contact must complete this form once a job offer is received. All fields must be completed. Upload the completed form into the BHW Customer Service Portal, under "Begin My Site Search-Documents-Offer Letter." Typed, e-verified, and handwritten signatures are accepted.

Step 1 *(completed by NC scholar)*

_____ received a job offer to work as a _____

Nurse Name

with _____ in the specialty area for which funding was awarded.

Name of Organization

RN or APRN specialty is _____

Specialty for which NC Scholar was awarded

Step 2 *(completed by NC site point of contact)*

This nurse will work: Full-time ☐ **Part-time** ☐ at the following location(s):

(Full-time = 32 or more hours/week, Part-time = 16-31 hours/week)

Site Name	Site Address	Number of hours/week
_____	_____	_____
_____	_____	_____
_____	_____	_____

The anticipated start date for this nurse is: _____

This nurse will spend at least 25 percent of their hours each week providing clinical services, or direct patient care, to patients. **Yes** ☐ **No** ☐

By Signing below, I confirm that all information provided in Steps 1 and 2 are accurate.

_____ _____ _____

Signature of Site Point of Contact **Printed Name/Title** **Date**

Step 3 *(completed by NC scholar)*

By signing below, I confirm that all information provided in Steps 1 and 2 are accurate.

_____ _____ _____

Signature of NC awarded RN or APRN **Printed Name/Title** **Date**