

Validation of Work Hours for Endorsement Licensure
Kansas State Board of Nursing

Name of Applicant _____

Social Security # _____

Name of Employer _____

Address of Employer _____

Dates of Employment _____

I hereby certify that _____ has worked as a Registered Nurse
for a minimum of a 1000 hours.

Printed name _____

Signature _____

Position Title _____

Date _____

Phone Number _____

AFFIDAVIT TO BE COMPLETED BY A NOTARY PUBLIC

State of _____, County of _____ ss.

SUBSCRIBED AND SWORN TO before me, this _____ day of _____ 20____

Signature of Notary Public

My Commission Expires _____

(NOTARY PUBLIC SEAL)

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)