

HEALTH RESOURCES AND SERVICES ADMINISTRATION



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.

urse Name		1 to work as a	
<i>v</i> ith		in the specialty	area for which funding was awarded
Name of Organization			-
RN or APRN specialty is			
	r 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	ing location(s):	
Full-time = 32 or more hours/week, Pa	rt-time = 16-31 hours/week)		
Site Name	Site Address		Number of hours/week
The anticipated start date for th			
The anticipated start date for th			
This nurse will spend at least 80 care, to patients. Yes	percent of their hours each we No	ek providing clinic	al services, or direct patient
care, to patients.			
	information provided in Steps 1 and 2	2 are accurate.	
	information provided in Steps 1 and 2	2 are accurate.	
		2 are accurate. Name/Title	 Date
By Signing below, I confirm that all i	et Printed		Date
By Signing below, I confirm that all i Signature of Site Point of Contac Step 3 (completed by NC scholar)	et Printed	Name/Title	Date
By Signing below, I confirm that all i Signature of Site Point of Contac Step 3 (completed by NC scholar)	et Printed	Name/Title	Date