

THE UNIVERSITY of TENNESSEE   
**CHATTANOOGA**  
SCHOOL of NURSING  
NURSE ANESTHESIA

**Master of Science Nursing, Nurse Anesthesia Concentration**

**Clinical Experience Verification Form**

(One form per employer/facility, to be completed by employer(s) over the past five years.)

Use of correction tape or white out is prohibited.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employed from ( mm/yyyy): \_\_\_\_\_ to \_\_\_\_\_

Hours per week \_\_\_\_\_

Full-time  Part-time

Type of unit: \_\_\_\_\_ # of Beds: \_\_\_\_\_  
(Please specify) \_\_\_\_\_ # of Beds: \_\_\_\_\_  
\_\_\_\_\_ # of Beds: \_\_\_\_\_

Signature of Employer: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Use one copy per employer/facility**

Return to: UTC Graduate School  
ATTN: Bonny Clark – Nurse Anesthesia Liaison  
103 Race Hall  
Chattanooga, TN 37403-2598