

MUST BE COMPLETED BY ALL EMPLOYEES & NON-EMPLOYEES

**RUTLAND NURSING HOME
LICENSE/CERTIFICATION VERIFICATION**

Date: _____

Time: _____

Name: _____

Position: MEDICAL STUDENT Date of Birth ____/____/____

DO NOT WRITE BELOW THIS LINE

Verification Response: - _____

RN/LPN/other NYS licensed employee- State Education Department Codes

RN (22) LPN (10) (518) 474-3817 or (900) 555-6978

C N A –Assessments Systems Incorporated (ASI) 800-274-6962 ASI-NYNA

Verified: _____
Signature