



**NORTHWEST**  
MISSISSIPPI COMMUNITY COLLEGE  
SCHOOL OF HEALTH SCIENCES

Letter of Employment Proof

**\*MUST submit this with PN Program Application\***

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

Date of birth: \_\_\_\_\_

Title of Employee: \_\_\_\_\_

Date of hire: \_\_\_\_\_

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

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

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

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

Duties of Employee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Facility Contact

\_\_\_\_\_

Date