



Stark State College
Surgical Assisting Technology Program
Verification of Employment Form

In order to participate in the Surgical Assisting Technology program, applicants must verify their surgical work experience. (Refer to the Checklist/Application for work eligibility requirement). Please fill in the information below and have your supervisor/manager sign and date it to verify employment.

Name of applicant: _____

Name of institution: _____

Title of position held at institution: _____

Work responsibilities: _____

Date of hire: _____

Number of years of experience in the surgical field: _____

Signature of managing supervisor:

_____ Date: _____

I _____, acknowledge that the information provided
(print applicant name)

above is true and accurate. _____ Date: _____
(applicant signature)