

[Facility/Organization Letterhead]

Date:

BSN Program

Berkeley College – Admissions Department

44 Rifle Camp Road.

Woodland Park, NJ 07424

Re: [Applicant Name]

Dear Berkeley College Admissions Department,

I certify that the Licensed Practical Nurse named above is/was employed by our facility/organization. The applicant performed nursing related services within the past two years from _____ to _____, working a total of _____ hours.

Sincerely,

[Name]

[Title]

[Contact Information]