



SURGICAL FIRST ASSISTANT EMPLOYMENT VERIFICATION

One Stop Student Services - onestop@cw.edu - 208.562.3000
P.O. Box 3010 - Nampa, ID 83653 - cw.edu/SFA

This form is used to provide employment verification for applicants of College of Western Idaho's [Surgical First Assistant](#) program.

APPLICANT INFORMATION

APPLICANT: Please complete the information below prior to forwarding this form to your supervisor for verification.

LAST NAME	FIRST NAME	M.I.
ADDRESS	CITY	STATE ZIP
STUDENT ID	PHONE	

EMPLOYMENT VERIFICATION

SUPERVISOR: Please complete the remaining sections of this form in reference to the applicant above.

FACILITY NAME	APPLICANT'S POSITION / TITLE
FACILITY ADDRESS	CITY STATE ZIP
DATES OF APPLICANT'S EXPERIENCE	PHONE
SUPERVISOR NAME	POSITION / TITLE

If selected for the program, is the facility listed above willing to support the applicant by providing reasonable opportunities for clinical training?

- Yes
 No
 Unsure



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APPLICANT SPECIALTIES

In table below, rate each of the applicant’s specialties from superior to average, as applicable.

SPECIALTIES	SUPERIOR	ABOVE AVERAGE	AVERAGE	N/A
General Surgery				
Orthopedics				
Genitourinary				
Neuro				
OB/GYN				
Ophthalmic				
Oral / Maxillofacial				
Peripheral Vascular				
Plastics				
Cardiothoracic				
Procurement				

Comments:

SUPERVISOR ACKNOWLEDGEMENT

SIGNATURE

DATE

RETURN TO APPLICANT: Place this form in a sealed envelope, sign across the seal to ensure official recognition, and return to the applicant for submission.