DATE:

TO:

FROM:

RE: UW System Student Health Care Worker Program

NAME OF HEALTH CARE FACILITY:

ADDRESS:

CITY: STATE: ZIP

Please know that has worked at least 50 hours at this facility between the dates of December 1, 2020 and January 31, 2021 working in the role checked below:

☐ RN  ☐ LPN  ☐ CMA  ☐ CNA  ☐ CENIT  ☐ Nursing Assistant/Resident Assistant/Nurse Extern/CBRF

This work should qualify the student for the UW System’s tuition credit as announced in December of 2020.

If you have any questions, please contact Jeff Buhrandt, UW System’s Associate Vice-President of Government Relations at (608) 262-1312, or jbuhrandt@uwsa.edu.

__________________________
Signature of Healthcare Facility Representative

__________________________
Printed Name of Healthcare Facility Representative

__________________________
Email address

__________________________
Date

__________________________
Title/Position

__________________________
Phone Number

TO BE COMPLETED BY THE STUDENT:

__________________________
Student Name

__________________________
Student ID Number

STUDENT: Please submit completed form to the Bursar on your UW campus no later than March 31, 2021.