



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
- CEMT
- Nursing 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](mailto:jbuhrandt@uwsa.edu).

\_\_\_\_\_  
Signature of Healthcare Facility Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Healthcare Facility Representative

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Email address

\_\_\_\_\_  
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.**