**Washington State Nursing Program**

**Certificate of Completion of Nursing Education Program**

I certify the individuals listed below **HAVE** completed all requirements for a degree/diploma for the approved **Washington State Nursing Program** as outlined in **WAC 246-840-025, 537, 539, or 541**. I understand my signature on this form will allow this individual to sit for the NCLEX-RN or NCLEX-PN examination.

Each student has been instructed to request their official transcripts, with the degrees/diplomas posted, to be sent to the Nursing Commission as soon as it is available.

The following Students graduated on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

And will be using program code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**(\*Please do not send list prior to graduation)**

**The following students have:**

* Graduated from an approved Washington State Licensed Practical Nursing (PN Certification) education program
* Graduated from an approved Washington State Associate Degree in Nursing (ADN) education program
* Graduated from an approved Washington State Bachelor of Science in Nursing (BSN) education program
* Successfully completed the prelicensure portion of an approved Washington State graduate-entry registered nursing program

Last name First DOB

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Name of Nursing Program Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School

**Please email completed form to:**

barbara.west@doh.wa.gov and amber.zawislak@doh.wa.gov

Washington State Nursing Care Quality Assurance Commission