Washington State Department of Health
Nursing Care Quality Assurance Commission
P.O. Box 47864
Olympia, WA 98504-7864
360-236-4703

Education Verification for Registered Nurses Educated Outside the United States

Applicant: Complete this section and mail to your school of nursing which you graduated.

Name Last	First	Middle Initial	
Date of Birth (mm/dd/yyyy)	Other names used		
Address			
City	State	Zip Code	County
High School Graduate ☐ Yes ☐ No If no, GED? ☐ Yes ☐ No			Social Security Number

I hereby request this verification be completed and a transcript mailed to the Nursing Commission

Signature of Applicant Date

To be completed by the Chief Administrative Officer of the school of nursing from which the above named applicant graduated, certifying the following:

Record name of graduate _____

Name of Nursing School _____

Location _____

School approved by _____ School accredited by _____

Date student entered program _____ Graduation/completion date _____

Diploma/Degree earned by Student _____

Please attach an official transcript (record of all subjects taken, including hour of class and weeks of clinical experience) for this applicant. This document must carry the school seal or stamp and signature of the chief administrator officer. **Note: Please complete both sides**

(SEAL)

Signature _____

Title _____

Contact Email _____

Date _____

Please respond to each item listed subject matter for Registered Nurse program:
(some subjects matter may be integrated into fundamentals of other courses)

1. Subject Matter	Completed	Not Completed
a. Anatomy and Physiology (two terms with labs)	☐	☐
b. Microbiology	☐	☐
c. Chemistry	☐	☐
d. Pharmacology	☐	☐
e. Nutrition	☐	☐
f. Communication	☐	☐
g. Computations	☐	☐

2. Clinical Experience	Completed	Not Completed	Total number of clinical hours
a. Medical Nursing	☐	☐	_____
b. Surgical Nursing	☐	☐	_____
c. Obstetrics Nursing (pre and post partum care)	☐	☐	_____
d. Post partum care of newborns	☐	☐	_____
e. Pediatric nursing (well and ill)	☐	☐	_____
f. Psychiatric/mental health Nursing	☐	☐	_____

Return to the address listed on page 1 of this form.