



Washington State Department of
Health
 Nursing Care Quality Assurance Commission
 PO Box 47864
 Olympia, WA 98504-7864
 360.236.5703

Director of Nursing Program—WAC 246-840-555(6)*

School Name: _____ **City:** _____

Director's Name: _____ **Date Appointed:** _____

RN License Number: _____

Type of Nursing Program(s): LPN LPN to ADN LPN to BSN ADN ADN with PN Option
 BSN Master's Entry RN to BSN

Director's Educational Background			
College or University	Major	Degree	Year(s)
Educational Preparation in Teaching Nursing			
College or University	Course Title/Focus	Year(s)	
Curriculum Development and Administrative Experience			
Institution/Organization	Position Title/Role	Year(s)	

