



Nursing Care Quality Assurance Commission
PO Box 47864
Olympia, WA 98506
360-236-4700

**Registered Nurse and Practical Nurse
Attestation of Nursing Practice Hours and Continuing Education**

I _____ attest to meeting the required:
(print name)

☐ 531 practice hours

☐ 45 hours of continuing education

If requested, I will provide the Nursing Commission proof of having met this requirement.

Credential Number:

☐ RN

☐ LPN

Email Address

Phone Number

Signature

Date