



Nursing Commission  
P.O. Box 47864  
Olympia, WA 98504-7864  
360-236-4703

## Nursing Technician Registered Education Verification

Please complete section one of this form and forward to your school to complete section two.

### Section One—To be completed by the applicant.

Name of Applicant:		Date of Birth:
Address:		
City:	State:	Zip Code:

### Section Two—To be completed by your nursing school.

Name of dean or designee of nursing school:		
Job of person authorized to sign for nursing school:	Phone (enter 10 digit #):	
Name of registered nursing school:		
Address:		
City:	State:	Zip Code:
Check one: <input type="checkbox"/> Currently enrolled in good standing in a registered nurse bachelor of science of associate degree (passing all courses required for the registered nurse program.) Anticipated graduation date _____ (mm/dd/yyyy) <input type="checkbox"/> Graduated on _____ (mm/dd/yyyy)		
I certify the above information is a true and accurate reflection of the enrollment records for this nursing technician applicant.		
Signature of dean or designee of nursing school:		Date: