



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

Nursing Technician Registered Employer Verification

Please complete section one of this form and forward to your employer 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 the employer.

Name of Director of Nursing or Designee:		
Job Title:	Phone (enter 10 digit #):	
Name of hospital, clinic, or nursing home:		
Address:		
City:	State:	Zip Code:
Check one: <input type="checkbox"/> Hospital licensed under chapter 70.41 RCW <input type="checkbox"/> Nursing home licensed under chapter 18.51 RCW <input type="checkbox"/> Clinic— list type of clinic. _____		
I certify the above named individual has been offered a position at our facility to perform as a nursing technician registered under chapter 18.79 RCW .		
Signature of Director of Nursing or Designee:		Date: