

DEPARTMENT OF HEALTH
Nursing Quality Assurance Commission
 PO Box 47864
 Olympia, Washington 98504-7864

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

School Name: City:

Director's Name Date Appointed

RN License No.

Type of Nursing Program(s) LPN ADN Master's Entry
 LPN to ADN RN to BSN
 LPN to BSN BSN

<i>Director's Educational Background</i>			
College or University	Major	Degree	Year(s)

<i>Educational Preparation in Teaching Nursing</i>		
College or University	Course title/focus	Year(s)

<i>Curriculum Development and Administrative Experience</i>		
Institution/Organization	Position title/role	Year(s)

<i>Nursing Education Experience</i>		
Institution/Organization	Position title/role	Year(s)

<i>Experience as a Registered Nurse</i>		
Institution/Organization	Position title/role	Year(s)

Director's Signature: _____ Date: _____

Please return completed form to:

Department of Health
 Nursing Care Quality Assurance Commission
 Attn: Usrah Claar-Rice MSN, RN
 Nursing Education Advisor
 PO Box 47864
 Olympia, Washington 98504-7864

***WAC 246-840-555**

Standard II. Organization and administration for approved nursing education programs.
 The nursing education program shall be an integral part of the accredited governing institution.

(6) The nursing education program shall be administered by a professionally and academically qualified registered nurse currently licensed in this state.