

## Statement Of Eligibility

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)	
ADDRESS (STREET, CITY, STATE, ZIP)	
BIRTHDATE (MONTH, DAY, YEAR)	

**This form is to be completed on both sides by the Director/Coordinator of the nursing program.** Return directly to the Nursing Commission (address above) **along with an official copy of the applicant's transcript.**

1. I certify that \_\_\_\_\_ is currently/was enrolled in the accredited nursing program at \_\_\_\_\_ located in \_\_\_\_\_; and that the above is/was at time of departure in good standing.     Yes     No (If "No," please explain fully on the bottom of this form.)

2. Admission date \_\_\_\_\_ Graduation date (if applicable) \_\_\_\_\_

The above named has completed \_\_\_\_\_ Quarters \_\_\_\_\_ Semesters \_\_\_\_\_ Units

Nursing Credits in the nursing program (fill in whatever blanks apply to your program), which includes the subject matter as stated on form. **Please send an Official Copy of the Transcripts. NOTE: Both sides must be completed and signed by the Director/Coordinator.**

SCHOOL SEAL

	NAME
	TITLE
	DATE

Please send form and transcripts to:    Department of Health  
 Nursing Commission  
 P.O. Box 47864  
 Olympia, WA 98504-7864

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**Please respond to each item listed**

**Subject Matter**

	Completed	Not Completed
<b>1. Social, behavioral and related foundation subjects</b>		
a. Personal and Vocational Relationships of the Practical Nurse .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Normal Growth and Development Through the Life Cycle.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Psychology—Social Facts and Principles (May be integrated into nursing courses).....	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Biological and related foundation subjects</b>		
a. Anatomy and Physiology.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Elementary Concepts—Microbiology, Chemistry and Physics (check completed box if integrated into fundamentals or other courses).....	<input type="checkbox"/>	<input type="checkbox"/>
c. Nutrition and Diet Therapy .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Pharmacology and Applied Mathematics .....	<input type="checkbox"/>	<input type="checkbox"/>

**Clinical Experience**

	Completed	Not Completed
<b>3. Principles and practice of practical nursing</b>		
a. Fundamentals of nursing.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Clinical pharmacology .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Medical/surgical nursing.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Obstetrics (pre and post partum care and care of infants).....	<input type="checkbox"/>	<input type="checkbox"/>
e. Pediatric nursing (well and ill child).....	<input type="checkbox"/>	<input type="checkbox"/>
f. Geriatric nursing.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Mental health nursing (objectives can be met in <b>ANY</b> clinical area) .....	<input type="checkbox"/>	<input type="checkbox"/>