

**(For Out-of-State Graduates Only)**

**Certificate of Completion of RN Program  
(to be completed AFTER program completion)**

I certify that the individual listed below **HAS** completed all requirements for the degree/diploma for the approved Registered Nurse program as outlined in WAC 246-840-575. I understand that my signature on this form will allow this individual to sit for the registered nurse licensure examination. The student has been instructed to request their official transcripts, with the degrees/diplomas posted, to be sent to the Nursing Commission as so as it is possible.

Last Name of Graduate	
First Name	Middle Name/Initial
Date of Birth	Social Security Number
Date of Program Completion	

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Title

School  
Seal

\_\_\_\_\_  
Name of School of Nursing

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Please send completed form to:

Washington Nursing Commission  
PO Box 47864  
Olympia, WA 98504-7864