

**(For Out-of-State Graduates Only)**  
**Certificate of Completion of LPN 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 Licensed Practical 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 licensed practical 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 soon as it is possible.

|   |                        |
|---|------------------------|
| Last Name of Graduate                   |                        |
| First Name                              | Middle Name/Initial    |
| Date of Birth (mm/dd/yyyy)              | Social Security Number |
| Date of Program Completion (mm/dd/yyyy) |                        |

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

\_\_\_\_\_  
Title

School

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

Seal

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

**An Official Transcript is attached or will follow as soon as possible.**

Please send completed form to:

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