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| Program Instructor Resignation or Departure |
| 1. Demographic Information
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| 1. **Check all of the program types that apply and indicate the program number for each:**

☐ Home Care Aide Bridge Program #: \_\_ ☐ Medication Assistant Endorsement Program #: \_\_ ☐ Medical Assistant Bridge Program #: \_\_☐ Traditional Programs #: \_\_  |
| 1. **Name of Instructor** (First, Middle, Last)

    \_\_ |
| 1. **Nursing Assistant Training Program**

\_\_ |
| 1. **Notification, Questions, and Signature**
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| 1. This notice is to inform you the above-named instructor will no longer be teaching at the identified nursing assistant training program(s) effective:
2. I am: **☐** The Instructor (self-reporting) ☐ The Program Director
3. Printed Name of Person Completing this Form: \_\_
4. Signature of Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_

**Please print, sign, and return via email to:** **WABONEducation@DOH.WA.GOV** |