

Nursing Care Quality Assurance Commission

PO Box 47864

Olympia, WA 98504-7864

360-236-4703

Nurse Administrator
[WAC 246-840-517](http://apps.leg.wa.gov/WAC/default.aspx?dispo=true&cite=246-840-517)

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| College/University Name:       | City:       |
| Name of Nursing Program:      |  |
| Nurse Administrator’s Name:        | Date Appointed:       |
| Nurse Administrator’s Credentials:      |
| Nurse Administrator’s Title at Nursing Program:      |
| RN License Number:        |
| Type of Nursing Program: [ ]  LPN [ ]  LPN to ADN [ ]  LPN to BSN [ ]  BSN [ ]  ADN [ ] ADN with PN option [ ]  Master’s Entry [ ]  RN to BSN [ ]  Graduate |

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| **Nurse Administrator’s Educational Background** |
| College or University | Major | Degree | Year(s) |
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| **Educational Preparation in Teaching Nursing** |
| College or University | Course Title/Focus | Year(s) |
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| **Curriculum Development and Administrative Experience** |
| Institution/Organization | Position Title/Role | Year(s) |
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| **Nursing Education Experience** |
| Institution/Organization | Position Title/Role | Year(s) |
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| **Experience as a Registered Nurse** |
| Institution/Organization | Position Title/Role | Year(s) |
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Nurse Administrator’s Signature: Date:

Email at Nursing Program:

Best phone (with area code) to reach you:

**Please return completed form to:**
ncqac.education@doh.wa.gov

[WAC 246-840-517(1)](http://apps.leg.wa.gov/WAC/default.aspx?dispo=true&cite=246-840-517)

The nursing education program administrator must be a professional and academically qualified registered nurse with an active unencumbered Washington nursing license.
(This rule identifies the requirements for practical, associate degree and bachelor’s degree programs.)