



## Nursing Technician Registered Education Verification

Complete section one of this form and forward to your school to complete section two.

<b>Section One—To be completed by the applicant.</b>			
Name (First, Middle, Last):			
Birth date:		E-mail address:	
Address:			City:
State:	ZIP code:	Phone number:	
<b>Section Two—To be completed by your nursing school.</b>			
Name of Director of Nursing or Designee:			
Job of person authorized to sign for nursing school:			
Name of registered nursing school:			
Address:			City:
State:	ZIP code:	Phone number:	
<input type="checkbox"/> Currently enrolled in good standing in a licensed practical nurse program, registered nurse bachelor of science, or registered nurse associate degree program (passing all courses required for the nursing program.) Anticipated graduation date _____ (mm/dd/yyyy)			
<input type="checkbox"/> Graduated on _____ (mm/dd/yyyy)			
I certify the above information is a true and accurate reflection of the enrollment records for this nursing technician applicant.			
Signature of Director of Nursing or Designee: _____ Date: _____			