



## Nursing Technician Registered Employer Verification

Complete section one of this form and forward to your employer 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 the Nursing Director/Employer.</b>			
Name of Director of Nursing or Designee:			
Job Title:			
Name of hospital, clinic, or nursing home:			
Address:			City:
State:	ZIP code:	Phone number:	
<input type="checkbox"/> Hospital licensed under chapter <a href="#">70.41 RCW</a>		<input type="checkbox"/> Nursing home licensed under chapter <a href="#">18.51 RCW</a>	
<input type="checkbox"/> Clinic— list type of clinic. _____			
I certify the above named individual has been offered a position at our facility to perform as a nursing technician registered under chapter <a href="#">18.79 RCW</a> .			
Signature of Director of Nursing or Designee: _____			Date: _____