

# Washington State Nursing Program Certificate of Completion of Nursing Education Program

I certify the individuals listed below **HAVE** completed all requirements for a degree/diploma for the approved **Washington State Nursing Program** as outlined in **WAC 246-840-025, 537, 539, or 541**. I understand my signature on this form will allow this individual to sit for the NCLEX-RN or NCLEX-PN examination.

Each 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 available.

The following Students graduated on (date): \_\_\_\_\_,  
And will be using program code: \_\_\_\_\_.  
**(\*Please do not send list prior to graduation)**

**The following students have:**

- ☐ Graduated from an approved Washington State Licensed Practical Nursing (PN Certification) education program
- ☐ Graduated from an approved Washington State Associate Degree in Nursing (ADN) education program
- ☐ Graduated from an approved Washington State Bachelor of Science in Nursing (BSN) education program
- ☐ Successfully completed the prelicensure portion of an approved Washington State graduate-entry registered nursing program

Last name	First	DOB
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Name of Nursing Program Director

School

**Please email completed form to:**

[barbara.west@doh.wa.gov](mailto:barbara.west@doh.wa.gov) and [amber.zawislak@doh.wa.gov](mailto:amber.zawislak@doh.wa.gov)  
Washington State Nursing Care Quality Assurance Commission

Nursing Care Quality Assurance Commission (NCQAC)  
Updated Certification of Completion Form 2023