



Nursing Technician Registration Education Verification

Complete section one and two of this form and have your school complete section three.

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