WABON
WASHINGTON STATE
BOARD OF NURSING

Nursing Technician Registration
Employer Verification

Please complete section one of this form and forward to your employer to complete section two.

Section One—To be completed by the applicant.

Name of Applicant:		Date of Birth:
Address:		
City:	State:	Zip Code:

Section Two—To be completed by the employer.

Name and Title of Nurse Administrator at the facility:		
Contact email of the Nurse Administrator:		Phone (enter 10 digit #):
Name of hospital, clinic, or nursing home:		
Address:		
City:	State:	Zip Code:

Check one:

☐ Hospital licensed under **chapter 70.41 RCW**

☐ Nursing home licensed under **chapter 18.51 RCW**

☐ 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 18.79 RCW**.

Signature of Nurse Administrator:	Date: