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| Program Instructor Resignation or Departure |
| 1. Demographic Information |
| 1. **Check all of the program types that apply and indicate the program number for each:**   ☐ Home Care Aide Bridge Program #: \_\_  ☐ Medication Assistant Endorsement Program #: \_\_  ☐ Medical Assistant Bridge Program #: \_\_  ☐ Traditional Programs #: \_\_ |
| 1. **Name of Instructor** (First, Middle, Last)       \_\_ |
| 1. **Nursing Assistant Training Program**   \_\_ |
| 1. **Notification, Questions, and Signature** |
| 1. This notice is to inform you the above-named instructor will no longer be teaching at the identified nursing assistant training program(s) effective: 2. I am: **☐** The Instructor (self-reporting) ☐ The Program Director 3. Printed Name of Person Completing this Form: \_\_ 4. Signature of Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_   **Please print, sign, and return via email to:** [**WABONEducation@DOH.WA.GOV**](mailto:WABONEducation@DOH.WA.GOV) |