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| **New Program Owner Notification** | | |
| 1. **Program Information** | | |
| **Program Name:** | | **Program Number:** |
| **Person making the notification:** | | **☐ Program Director ☐ Owner** |
| **Date submitting notification:** | **Effective date of new ownership:** | |
| **New program owner(s):** | | |
| **New program owner(s) contact information:**  **Email:**  **Phone (with area code):** | | |
| 1. **Email Return** | | |
| **Please also complete the** [**Owner Declaration Form**](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fnursing.wa.gov%2Fsites%2Fdefault%2Ffiles%2F2024-06%2FProgram-Owner-Declaration-of-Compliance.docx&wdOrigin=BROWSELINK)**,**  **then print, sign, and return both items together to:**  [**WABONEDUCATION@DOH.WA.GOV**](mailto:WABONEDUCATION@DOH.WA.GOV) | | |