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| **New Program Owner Notification** |
| 1. **Program Information**
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| **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** |