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| **New Program Owner Departure Notification** | | |
| 1. **Program Information** | | |
| **Program Name:** | | **Program Number:** |
| **Person making the notification:** | | **☐ Program Director ☐ Owner** |
| **Date submitting request:** | **Departure date:** | |
| **Departing owner(s):** | | |
| 1. **Email Return** | | |
| **Please print, sign, and return both items together to:**  [**WABONNursingAssistantsED@doh.wa.gov**](mailto:WABONNursingAssistantsED@doh.wa.gov) | | |