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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** |