**Declaration of Compliance**

**Nursing Assistant Training Program Owner**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Program Owner for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_­­\_\_\_\_\_ certify that I have read and understand the regulations for approved nursing assistant training programs in Washington, as identified in [WAC Chapter 246-841A](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A). I agree to operate my program in compliance with all regulations as stipulated in WAC Chapter 246-841A and to support the Program Director in directing the program in compliance with WAC 256-841A.

If the Program Director resigns or the position is vacant, I agree to notify the Washington State Board of Nursing (WABON, previously called the Nursing Care Quality Assurance Commission) and agree to stop program operations until a new Program Director is approved.

I agree to notify the WABON immediately of program changes including but not limited to program ownership, legal status, or credit status impacting the program’s ability to sustain itself financially.

I agree to any in-person or online site visits of the training program as required by [WAC 246-841A-465(2)](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-465). I understand that site visits may include interviews with me by the commission.

I understand that non-compliance with [WAC Chapter 246-841A](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A) makes the program subject to corrective actions as described in [WAC 246-841A-465](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-465) through [WAC 246-841A-490](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-490), up to and including withdrawal of program approval.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Program Owner** **Date**