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| Program Director Resignation |
| 1. Demographic Information |
| **Check all of the program types you direct and indicate the program number for each:**  ☐ Home Care Aide Bridge Program #: \_\_  ☐ Medication Assistant Endorsement Program #: \_\_  ☐ Medical Assistant Bridge Program #: \_\_  ☐ Traditional Programs #: \_\_ |
| 1. **Name** (First, Middle, Last)      \_\_ |
| 1. **Nursing Assistant Training Program**   \_\_ |
| 1. **Notification, Questions, and Signature** |
| 1. This notice is to inform you I am resigning as Program Director. I understand that this program will not be able to operate without an approved Program Director. 2. I know who the replacement candidate will be? **☐ YES ☐ NO**   **If YES:**   * The new candidate’s name and contact information is: \_\_. * Please make my resignation effective on the date the new candidate is approved. ☐ **YES** ☐ **NO**   **If NO:**   * The effective date of my resignation will be: \_\_ * An administrator or other person who respond about the program’s future status is (Name and contact information): \_\_  1. **Program Director Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_   **Please print, sign, and return via email to:** [**WABONNursingAssistantsED@doh.wa.gov**](mailto:WABONNursingAssistantsED@doh.wa.gov) |