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| Program Director Resignation |
| 1. Demographic Information
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| **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)

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| 1. **Nursing Assistant Training Program**

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| 1. **Notification, Questions, and Signature**
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| 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** |