

Washington State Nursing Program Certificate of Completion of Nursing Education Program

I certify the individuals listed below **HAVE** completed all requirements for a degree/diploma for the approved **Washington State Nursing Program** as outlined in **WAC 246-840-025, 537, 539, or 541**. I understand my signature on this form will allow this individual to sit for the NCLEX-RN or NCLEX-PN examination.

Each student has been instructed to request their official transcripts, with the degrees/diplomas posted, to be sent to the Washington State Board of Nursing as soon as it is available.

The following Students graduated on (date): _____,
And will be using program code: _____.
(*Please do not send list prior to graduation)

The following students have:

- Graduated from an approved Washington State Licensed Practical Nursing (PN Certification) education program.
- Graduated from an approved Washington State Associate Degree in Nursing (ADN) education program.
- Graduated from an approved Washington State Bachelor of Science in Nursing (BSN) education program.
- Successfully completed the prelicensure portion of an approved Washington State graduate-entry registered nursing program.

<u>Last name</u>	<u>First</u>	<u>DOB</u>
------------------	--------------	------------

Name of Nursing Program Director

School

Please email completed form to:

barbara.west@doh.wa.gov and lori.underwood@doh.wa.gov

