



Please mail this completed form to:
 111 Israel Rd SE
 PO Box 47864
 Olympia, WA 98504

English Proficiency Exemption Attestation

Applicant: Complete this section and mail to your school of nursing where you graduated.

Name Last		First	Middle Initial
Date of Birth (mm/dd/yyyy)		Other names used	
Address			
City	State	Zip Code	County
Name of Nursing Education Program:			
Signature of Applicant		Date	

This section below must be completed by the dean of the nursing education program or the designated nursing faculty member from the program the applicant graduated, certifying the following:

Record name of graduate _____

Name of Nursing School _____

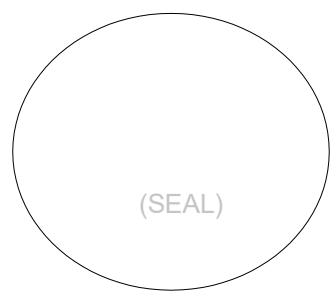
Location _____

Date student entered program _____ Graduation/Completion date _____

Diploma/Degree earned by Student _____

I attest that the nursing program this individual attended was taught entirely in the English language. All components of the program, including didactic (theoretical) instruction and clinical training experiences, were delivered exclusively in English in accordance with WAC 246-840-045 and WAC 246-840-091.

This document must carry the school seal or stamp and official signature. **If the school cannot provide a seal or stamp below, then please include a detailed explanation indicating why the seal is missing.**



Signature _____
(Dean or Nursing Faculty Member)

Printed Name _____
(Dean or Nursing Faculty Member)

Title _____

Contact Email and Phone Number _____

Date _____