



## 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 #: \_\_\_

A. Name (First, Middle, Last)

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B. Nursing Assistant Training Program

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### 2. Notification, Questions, and Signature

A. 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.

B. 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): \_\_\_

C. Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print, sign, and return via email to: [WABONNursingAssistantsED@doh.wa.gov](mailto:WABONNursingAssistantsED@doh.wa.gov)