

Verification of Nursing Assistant Program

Directions:

- A. Nursing assistant programs may send the completed application along with the verification form, signed, dated, and affixed with the school stamp/seal directly to the Board office **OR**
- B. Give the completed verification form, signed, dated, and affixed with the school stamp/seal in a sealed envelope to the student so they may attach it *unopened* to their application.

Information to be completed by the Applicant

Name of Student/Applicant: _____ Date of Birth: _____ / _____ / _____
MM DD YYYY

I hereby authorize the nursing assistant program to furnish the information requested on this form and submit it with my application to the Vermont Board of Nursing.

Signature: _____ Date: _____ / _____ / _____
MM DD YYYY

Information to be completed by the Nursing Assistant Program – Please Print Clearly

Name of Nursing Assistant Program: _____

Name of Program Administrator/Primary Instructor: _____

Position/Title: _____

Telephone Number: _____

Email Address: _____

Mailing address: _____
Street or PO Box

City	State	Zip Code
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I hereby verify that _____ was admitted into the nursing assistant program
Name of Student/Applicant

on _____ / _____ / _____ and completed the program requirements on _____ / _____ / _____
MM DD YYYY MM DD YYYY

This nursing assistant education program offers a course consisting of:

_____ + _____ = _____
of Classroom & Lab Hours # of Clinical Hours Total # of Program Hours

Signature of Program Administrator/Primary Instructor : _____

Date: _____ / _____ / _____
MM DD YYYY

(Official School Seal/Stamp)