



JANET T. MILLS
GOVERNOR

STATE OF MAINE
BOARD OF NURSING
158 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0158

KIM ESQUIBEL, PHD, M.S.N., R.N.
EXECUTIVE DIRECTOR

Name of Applicant: _____
DOB: _____
Social Security Number: _____
Name of School: _____

TO BE COMPLETED BY THE NURSE ADMINISTRATOR OF THE NURSING EDUCATION PROGRAM and submitted to the Maine State Board of Nursing

I hereby certify that _____ has
(Applicant's printed name)
successfully completed the prescribed nursing education program on _____
(month/day/year)
and will graduate on _____
(month/day/year)

Signature: _____

Printed Name: _____

SCHOOL SEAL

Title: _____

Date: _____



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OFFICES LOCATED AT: 161 CAPITAL ST., AUGUSTA, ME
<http://www.maine.gov/boardofnursing/>