



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

JANET T. MILLS
GOVERNOR

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

NURSING PROGRAM COURSE COMPLETION FORM

Name of Applicant: _____

DOB: _____

U.S. 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 successfully
(Applicant's Printed Name)

completed the following nursing program course(s): _____
(Course Number & Course Name)

_____ on _____
(Month/Day/Year)

Signature: _____

SCHOOL SEAL

Printed Name: _____

Title: _____

Date: _____

Revised 11/2024



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OFFICES LOCATED AT: 161 CAPITOL ST., AUGUSTA, ME
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