



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/>

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