

Office Use Only
Rec'd Date: _____

Affidavit of Graduation for Graduates in the USA and US Territories (PN/VN Candidates)

This portion of the application must be completed by the Dean/Director of the Nursing Program **only**. The signature of other persons such as associate deans, program coordinators, or faculty members will not be accepted unless the Board has received official notification from the governing institution's administration that another registered nurse on the faculty has been given the authority to sign for the dean/director, the length of time that the signature authority is valid, and a sample of the authorized person's signature.

This affidavit verifies that the applicant named below successfully completed all requirements for completion of graduation from an approved practical/vocational nursing program as stated in Rule 214.9. **Please note, this portion of the application cannot be signed prior to the date of completion or graduation date.**

Pursuant to Rule 214.6 (i)(3), I hereby certify that:

I hereby verify _____

First Name
Middle Name/Maiden Name
Last Name

Social Security Number: _____ - _____ - _____ entered the _____
Name of School of Nursing

located in _____ on the date of _____ / _____ / _____

City
State
Enrollment Date (month/day/year)

and has completed requirements for graduation on the date of _____ / _____ / _____.

month
day
year

NCSBN Program Code: _____ - _____

Please read and respond to the following question:

The program's nursing courses include didactic content and supervised clinical learning experiences in medical-surgical, maternal/child health, pediatrics, geriatrics, and mental health nursing that teach students to use a systematic approach to clinical decision-making and safe patient care across the lifespan*
[] yes [] no

*The BON may ask for additional information

The applicant:

- | | |
|---|--|
| [] Received a diploma/certificate in nursing | [] Has met requirements for repeating a nursing program |
| [] Received an Associate's Degree in nursing | [] Received other. Specifically _____ |

NOTE: DEAN/DIRECTOR MUST SIGN THE AFFIDAVIT OF GRADUATION AFTER THE APPLICANT HAS COMPLETED ALL REQUIREMENTS FOR GRADUATION.

I am the Dean/Director for the program listed above and attest that the factual statements contained in the information provided on this affidavit are within my personal knowledge and are true and correct. Furthermore, I acknowledge this is a legal document and understand that it is a violation of the 22 Texas Administrative Code, §§ 217.12 (6)(l) and the Penal Code, sec 37.10, to submit a false statement to a government agency.

(School Seal) Name of Dean/Director _____

Signature of Dean/Director _____

Contact phone number/email address _____
 (For schools outside the state of Texas)