



To: Utah Division of Occupational and
Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801-530-6511

Subject: Letter of Equivalency

Name:

Social Security Number:

Date:

I hereby certify that the above named student is currently enrolled in the registered nurse education program at Weber State University and has completed course work that is equivalent to the course work of an ACEN accredited practical nurse program.

Sincerely,

Tressa Quayle , PhD, RN
Associate Degree Program Director
Annie Taylor Dee School of Nursing

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