

Certification of Academic Status of Nurse Education

This form may be used in lieu of transcripts to document the academic status of a student who:

- is enrolled in their last semester, quarter or competency experience of an approved registered nursing program; and,
- is currently in good academic standing.

It must be completed by an official representative of the school and bear the schools official seal. Additionally, it must be sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap and submitted with your application. If the form is presented to DOPL unsealed, it will be rejected. Schools may submit the completed Certificate of Academic Status of Nurse Education to B7@Utah.gov

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

EDUCATION

To be completed by the Dean or appointed Program Official Representative

Name of Institution: _____

Institution Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ Email: _____

Accrediting Body: _____ Accreditation Date: _____

I attest that the above-named applicant is enrolled in last semester, quarter or competency experience of an approved registered nursing program (as defined in Utah Code Section 58-31b-601) and is currently in good academic standing.

Qualifying Event (Select one) Final Semester Final Quarter Competency Experience

Start date of qualifying event: _____ End date of qualifying event: _____
MM/DD/YYYY MM/DD/YYYY

ASN:____ or BSN:____ (Check one)

Graduation Date (or anticipated date): _____
MM/DD/YYYY

Signature of Official Program Representative: _____

Printed Name: _____ Title: _____

Signed and the school seal affixed this _____ day of _____, 20_____.

{SCHOOL SEAL}