



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

SCHOOL CERTIFICATION OF PROGRAM COMPLETION FORM

Name of Applicant: _____

DOB: _____

U.S. Social Security Number: _____

Name of School: _____

To be completed by the APPROVED NURSE ADMINISTRATOR OF THE NURSING EDUCATION PROGRAM and submitted by mail to the Maine State Board of Nursing

I hereby certify that _____ has successfully
(Applicant's Printed Name)

completed the prescribed nursing education program on _____
(Month/Day/Year)

and will graduate on _____
(Month/Day/Year)

Signature: _____

SCHOOL SEAL

Printed Name: _____

Title: _____

Date: _____

Revised 12/2024



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OFFICES LOCATED AT: 161 CAPITOL ST., AUGUSTA, ME
www.maine.gov/boardofnursing