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 NURSE ADMINISTRATOR OF THE NURSING EDUCATION PROGRAM and submitted 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 11/2024*