

Office Use Only
Rec'd Date:

Affidavit of Graduation for Graduates of Texas Approved Vocational Nursing Programs

This portion of the application must be completed by the 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 nurse on the faculty has been given the authority to sign for the 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 vocational nursing program as stated in Rule 214.9 of the Rules of the Texas Board of Nursing. **Please note, this portion of the application cannot be signed prior to the date of completion/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: _____ - _____
NCLEX School Code

Note: Director must sign the Affidavit of Graduation after the Applicant Has Completed All Requirements for Graduation.

I am the Director for the Vocational Nursing School 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)