

## **CERTIFICATE AUTHORITY**

Because the Board has been the recipient of fraudulent academic credentials, we are asking all nursing programs to provide the names and official signatures of those persons in your school who are authorized to sign certificates of nursing program completion. Please inform the Board if there are any changes in names/signature. Thank you.

**Program Name:** \_\_\_\_\_

List the names of those authorized to sign Certificates of Program Completion for RN/LPN licensure applicants at this institution.

|                |           |
|----------------|-----------|
|                |           |
| Name – printed | Signature |
|                |           |
| Name – printed | Signature |
|                |           |
| Name – printed | Signature |
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| Name – printed | Signature |
|                |           |
| Name – printed | Signature |
|                |           |
| Name – printed | Signature |

Please register all certificate signers with the Board. Certificates with signatures other than those on file with the Board will not be accepted.