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## ***Arizona State Board of Nursing***

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You will not be made eligible to take NCLEX until this form is completed and received by the Board directly from your school.

### **CERTIFICATE OF COMPLETION** **FOR ARIZONA GRADUATES**

RN

LPN

MSN

BSN

ADN

Diploma

I certify that: \_\_\_\_\_

Name of Graduate

\_\_\_\_\_

Social Security Number

has completed final requirements of the nursing program curriculum:

\_\_\_\_\_

Name of Nursing Program / Site

\_\_\_\_\_

Date of Program Completion (MM/DD/YY)

\_\_\_\_\_

Date Degree Posted (for RN program only) (MM/DD/YY)

\_\_\_\_\_

Dean/Director/Designee (Signature)

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

Must be submitted via Citrix ShareFile  
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