

Affidavit of Graduation for Graduates in the USA and US Territories (RN Candidates)

This portion of the application must be completed by the Dean/Director of the Nursing Program **only**. **This individual must be the registered nurse who is administratively responsible for the nursing program.** 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 registered nurse on the faculty has been given the authority to sign for the dean/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 **professional** nursing program as stated in Rule 215.9. **Please note, this form cannot be signed prior to the date of completion or graduation date.**

Pursuant to Rule 215.6 (j)(3), I hereby certify that:

First Name	Middle Name/Maiden Name	Last Name
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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: _____

Check all that apply:

- The program’s nursing courses include didactic content and supervised clinical learning experiences in medical-surgical, maternal/child health, pediatrics, geriatrics, and mental health nursing that teach students to use a systematic approach to clinical decision-making and safe patient care across the lifespan*
- For BSN education, the program’s nursing courses include content in nursing research, community, and leadership.
- The nursing program is exempted by the Texas Occupations Code Section 301.157 (d)(9) relating to graduates of clinical competency assessment programs*

***The BON may ask for additional information**

The applicant received:

- Diploma in Nursing Associate Degree Baccalaureate Degree Master’s Degree
- Has met BSN requirements en route to MSN Received other. Specifically: _____*

***The BON may ask for additional information**

NOTE: DEAN/DIRECTOR MUST SIGN THE AFFIDAVIT OF GRADUATION AFTER THE APPLICANT HAS COMPLETED ALL REQUIREMENTS FOR GRADUATION. RETURN THE AOG PDF TO US BY EMAIL TO LICENSING@BON.TEXAS.GOV

I am the Dean/Director for the program 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.

Name of Nursing Program Dean/Director

State of Nurse License and Nurse License Number

Signature of Nursing Program Dean/Director

Date

(school seal)

Contact Email and Phone Number (email **must** be an official institution email address)