## **TEXAS BOARD OF NURSING**

1801 Congress Avenue, Suite 10-200, Austin, TX 78701 (512) 305-7400 – Web Site: www.bon.texas.gov

Office Use Only Rec'd Date:

## Affidavit of Graduation for Graduates in the USA and US Territories (PN/VN 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 practical/vocational nursing program as stated in Rule 214.9. Please note, this form cannot be signed prior to the date of completion or graduation date.

Pursuant to Rule 214.6 (i)(3), I hereby certify that:			
First Name	Middle Name/Maiden Name	Last Name	
Social Security Number:	entered the		
	Name of School of Nursing		
located in		date of/	
City	State	Enrollment Date (montn/day/year)	
and has completed requirements for graduation on the	· · · · · · · · · · · · · · · · · · ·		
	month day	year	
NCSBN Program Code:	<u>.                                    </u>		
Please read and respond to the following question (required):  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*  [ ] yes [ ] no			
*The BON may ask for additional information			
The applicant:			
[ ] Received a diploma/certificate in nursing	[ ] Received an	Associate's Degree in nursing	
[ ] 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)(I) 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)		ial institution email address)	