



Certification of Academic Status of Nurse Education

The student must be in their last semester, quarter or competency experience of an approved registered nursing program; and the student must be currently in good academic standing.

This form must be completed by an official representative of the school and bear the school's official seal. Additionally, it must be sent directly from the school to DOPL, or sealed in an envelope bearing the school's stamp/seal on the envelope flap and submitted with your application. *If the form is presented to DOPL unsealed, it will be rejected.* Schools may submit the completed Certificate of Academic Status of Nurse Education to B7@Utah.gov

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____ DOB: ____ / ____ / ____
First Middle Last MM DD
 Address: _____ City: _____ State: _____ Zip: _____

APPLICANT'S EDUCATION:

(TO BE COMPLETED BY THE DEAN OR APPOINTED PROGRAM OFFICIAL REPRESENTATIVE.)

Name of Institution: _____
 Institution Address: _____ City: _____ State: _____ Zip: _____
 Phone: (_____) _____ – _____ Email: _____
 Accrediting Body: _____ Accreditation Status: _____
 Qualifying Event (SELECT ONE) Final Semester Final Quarter Competency Experience
 Start date of Qualifying Event (above) _____ End Date of Qualifying Event: _____
MM/DD/YYYY MM/DD/YYYY
 The applicant is enrolled in a program seeking the following degree: (SELECT ONE) ASN BSN
 Graduation Date (or anticipated date): _____
MM/DD/YYYY

ATTESTATION:

I attest that I am authorized to sign this Certification of Academic Status on behalf of the above-named Institution.

I attest that the above-named applicant is in last semester, quarter, or competency experience of an approved registered nursing program (as defined in Utah Code§ [58-31b-601](#)), they have permission to obtain the apprentice license, and they are currently in good academic standing.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature: _____ Date: _____

(SCHOOL SEAL) Printed Name: _____ Title: _____