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STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
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South Charleston, WV 25303

Dialysis Technician Applicant Employment Certification Form

To be completed by the RN supervisor at your place of employment, or if just completing a dialysis technician training program, the registered nurse administrator of the dialysis technician training program who is familiar with your competencies to perform as a dialysis technician.

I hereby certify that _____ is/will be employed at
(Dialysis Technician Applicant Name)

_____ and is competent to perform as a
(Facility Name and phone number)

Dialysis technician located in the city of _____, state of

_____. Date of employment: _____. If enrolled in the facility

dialysis technician training program, the expected date of graduation _____.

Signature: _____ Date: _____.