**WV BOARD OF REGISTERED NURSES**

5001 MacCorkle Avenue SW

South Charleston, WV 25309

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 herby 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.