

WV BOARD OF REGISTERED NURSES

5001 MacCorkle Avenue SW
South Charleston, WV 25309

Dialysis Technician Applicant Program Administrator Competency Form

I hereby verify that _____ competencies are consistent with those provided
(Dialysis Technician Applicant Name)

in the West Virginia Code and rules related to dialysis technicians and recommend them to the West Virginia Board of Registered Nurses pursuant to law.

I was ____ was not ____ director when applicant was a student.

Dialysis Technician Program Administrator Signature: _____ Date: _____