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**STATE OF WEST VIRGINIA  
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES**

90 MacCorkle Ave., SW, Suite 203  
South Charleston, WV 25303

**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 Examiners for Registered Professional Nurses pursuant to law.

I was \_\_\_\_ was not \_\_\_\_ director when applicant was a student.

Dialysis Technician Program Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_