

**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 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: \_\_\_\_\_.