



Certificate of Completion



This is to confirm that Nursing Student
Name

has successfully completed a Nursing Assistant Training Program approved under the terms of the Omnibus Budget Reconciliation Act (OBRA) of 1987, 18.88A RCW and 246-841 WAC, at

Bellevue College
Name of Training Site
3000 Landerholm Circle SE, Bellevue, WA 98007
Address of Training Site

on 3/20/20 authorized under state testing number _____
Date Promissor Testing Number

Total Training Program Hours:

Classroom: 66 Clinical: 64

Nursing Assistant's Signature: _____

NAC Director 3/30/2020
Program Director's Signature