

Washington Health Corps - Nurse Educator Program Quarterly Service Verification Form



Do not leave blanks. Form can be signed, dated or submitted prior to the last day of the quarter. However, note that forms will not be processed until the end of each program quarter listed in the reference guide. Separate forms must be submitted for each school.

Participant Section

Participant Name _____

School Name _____

School Street Address _____

School City, State & Zip _____

I have met the minimum class requirements per my discipline.

Select the academic term relevant to your institution. (Only select one term per Program Quarter as found in NELR Reference Guide)

Check the Quarter scheduled: Fall Winter Spring Summer

Check the Semester scheduled: Fall Spring Summer

By signing, I certify I met the minimum workload requirement as detailed in my contract, at the site listed above.

Participant Signature _____ **Date** _____

Employer Section

Work Schedule: Full-time Part-Time Did Not Teach

Please enter the number of classes taught this term:

By signing, I have read and understand the minimum hours and requirement for the above participant and certify the information provided is accurate and true. I also understand the site must retain the original form and give a copy to the participant.

Employer Signature _____ **Date** _____

Printed Name _____

Title _____

The employer (not the participant) may scan and email this form to:
• **Email:** health@wsac.wa.gov • **Phone:** 1-888-535-0747, Opt 5.