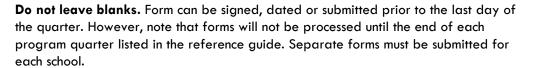
Washington Health Corps - Nurse Educator Program Quarterly Service Verification Form





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 rele Quarter as found in NELR Re	=	tution. (Only select	one term per Program
Check the Quarter scheduled	: Fall Winter	Spring Summer	
Check the Semester schedule	ed: Fall Spring	Summer	
By signing, I certify I met the min above.	imum workload requ	irement as detailed ir	n my contract, at the site listed
Participant Signature		D	Date
Employer Section			
Work Schedule:	Full-time	Part-Time	Did Not Teach
Please enter the number	of classes taug	ht this term:	
By signing, I have read and undo certify the information provided form and give a copy to the par	is accurate and true.	•	
Employer Signature		Date	
Printed Name			
Title			

The employer (not the participant) may scan and email this form to:

[•] Email: <u>health@wsac.wa.gov</u> • Phone:1-888-535-0747, Opt 5.