

Attach the following documents:

1. Faculty Qualification Form: Use **Template 1** (Submit this form for each faculty member listed).
2. Syllabus: Use **Template 2**.
3. Certificate of Completion: Use **Template 3**.
4. Participant Evaluation Form Developed by Provider

Number all Pages.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911. I also verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration or the denial/restriction of the approval to be a nursing education program.

(Signature of RN Responsible for Program)