



RNEP Institutional Endorsements and Attestation

Thank you for your interest in partnering with the Rural Nursing Education Program (RNEP). RNEP works collaboratively with academic institutions of higher education and rural health care employers to expand access to nursing education and strengthen the nursing workforce across rural Washington State.

By signing below, the undersigned attest that the information provided in this application is true and complete, and that their institution supports partnership with RNEP to expand access to nursing education in rural communities in Washington State.

Dean / Director of Nursing Program: _____

Signature: _____ Date: _____

Vice President of Instruction / Academic Affairs: _____

Signature: _____ Date: _____

Please email the completed RNEP Institutional Endorsements and Attestation to RNEP@doh.wa.gov