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# MISSISSIPPI

## Board of Nursing



### HEMODIALYSIS COURSE TRANSCRIPT

STUDENT'S NAME: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

LPN NURSING LICENSE NUMBER or TEMPORARY PERMIT NUMBER: \_\_\_\_\_

This portion must be completed by the RN Instructor.

### THEORY/CLINICAL

Program entry date: \_\_\_\_\_ Program completion date: \_\_\_\_\_

**This is to certify that the above-named LPN has successfully completed all theory and clinical components of the Hemodialysis Course for LPNs.**

RN Instructor's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Position/Title \_\_\_\_\_

License Number \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Phone Number \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Notary Seal)

\_\_\_\_\_  
Notary commission expiration