Mississippi Board of Nursing

713 S. Pear Orchard Rd., Plaza II, Suite 300, Ridgeland, MS 39157

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