Click or tap to enter a date.

Office of Professional Learning Review
Thomas Edison State University
111 West State St.
Trenton, NJ 08608

Dear Registrar:

Please accept this signed letter as verification that the individual named below has successfully completed the INPO-accredited training program(s) at Click here to enter FACILITY NAME AND LOCATION indicated below.

Full Name: Click here to enter First Name, M.I., Last Name and Suffix

Street Address: Click here to enter Street Address

City: Click here to enter City State: Click here to enter State Zip Code: Click here to enter Zip

Date of Birth: DD-MM-YYYY.

TESC ID# (if known) or last four digits of SSN: Click here to enter ID#

|  |  |
| --- | --- |
|  **INPO-Accredited Training Program** | **Date of Completion (MM-YYYY)** |
| [ ] Chemistry Technician | MM-YYYY |
| [ ] Electrical Technician | MM-YYYY |
| [ ] Engineering Support Personnel | MM-YYYY |
| [ ] Instrumentation & Control Technician | MM-YYYY |
| [ ] Maintenance Mechanic Technician | MM-YYYY |
| [ ] Non-Licensed Operator Trng & Qualification Prgm | MM-YYYY |
| [ ] Radiological Protection Technician | MM-YYYY |
| [ ] Reactor Operator Trng & Qualification Prgm | MM-YYYY |
| [ ] Senior Reactor Operator Trng & Qualification Prgm | MM-YYYY |
| [ ] Shift Technical Advisor | MM-YYYY |
| [ ] Radiation Worker Training | MM-YYYY |

If you have any questions regarding this document, please contact Click here to enter POC Name at Click here to enter Phone#.

With my signature below, I certify that the student identified above has completed the indicated training at Click here to enter FACILITY NAME AND LOCATION and this training was INPO-accredited at the time of completion.

Sincerely,

Click here to enter Signatory’s Name & Title