



DDS DSW to LPN Certificate Program Application

Applicant Information

Employee Name: _____ Date: _____

Employee ID #: _____

Title: _____

Work Location: _____

Phone: _____ Email _____

Why are you interested in becoming an LPN?:

Required Documentation (Verification of Acceptance Letter and Acceptance Letter from LPN Program) is attached:
Yes No

Employee Signature: _____

To Be Completed by Human Resource Manager

Date Application Received: _____

Date of Hire: _____

Employed Full-time: Yes No

Meets Requirement of 2 years of Continuous Full-Time employment as DSW: Yes No

Dates Employed as a DSW: _____ to _____

EPRS Ratings for last 2 years of Meets or Above: Yes No

Has Employee had Formal Disciplinary Action in the last 2 years? Yes No

Employee's Seniority Date: _____

Employee Meets DSW/LPN Program Eligibility Requirements: Yes No

If the Employee does not meet Eligibility Requirements, please explain:

Human Resource Manager: _____
Print Name

Human Resource Manager: _____
Signature

Date Forwarded to Review Committee: _____

To Be Completed by Review Committee

The Review Committee will be composed of three DDS managers.

Employee Program Status: Recommended for Program Not Recommended

Reasons for Not Recommended Status (if applicable):

Manager: _____
Print Name and Title

Manager: _____
Signature

Manager: _____
Print Name and Title

Manager: _____
Signature

Manager: _____
Print Name and Title

Manager: _____
Signature

Date Forwarded to the Appointing Authority: _____

To Be Completed by Appointing Authority or Designee

Employee Program Status: Accepted Not Accepted

Reasons for Not Accepted Status (if applicable):

Appointing Authority/Designee: _____
Print Name and Title

Appointing Authority/Designee: _____
Signature

Date: _____

Cc: Candidate
Human Resource Manager
DDS Central Office Operations