

VERIFICATION OF ACCEPTANCE
DEPARTMENT OF DEVELOPMENTAL SERVICES



TO: _____

FROM: _____

DATE: _____

SUBJECT: Verification of Acceptance to the LPN Certificate Program

In accordance with the DDS LPN Certificate Program, I have applied and been accepted to _____ as a student in their Licensed Practical Nurse Certificate Program for the 2026-2027 academic year.

I am scheduled to begin the program on _____. Copies of this letter and my official acceptance letter have been attached to my application for participation in the DDS LPN Certificate Program.

Thank you for your consideration.