

VERIFICATION OF ACCEPTANCE

DEPARTMENT OF DEVELOPMENTAL SERVICES



TO: _____
FROM: _____
DATE: _____
SUBJECT: Verification of Acceptance to LPN Certificate Program

In accordance with the DDS DSW to LPN Certificate Program, I have applied and been accepted to _____ as a student in their Licensed Practical Nurse Certificate Program for the 2024-2025 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 DDS DSW to LPN Certificate Program.

Thank you for your consideration.