

**SAMPLE Program Completion Letter – PN**  
(January 2015)

**[INSERT LETTERHEAD OF THE  
NURSING EDUCATION PROGRAM]**

**CERTIFICATION OF PRACTICAL NURSE (PN) EDUCATION  
PROGRAM COMPLETION**

Student  
Full Name

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

Student Date of Birth \_\_\_\_\_

Education  
Program Name \_\_\_\_\_

Date of Completion of  
Education Program  
Requirements \_\_\_\_\_

Degree awarded to qualify for licensure \_\_\_\_\_

I certify the above named student has successfully completed the requirements of the pre-licensure PN education program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Signed