

Note: This is the sample Proctor letter that must be included with the certification application. Please copy the text and place on facility or faculty letterhead. Please date the letter and ensure all contact information is provided for the proctor. Letters without signature or not on letterhead will not be accepted.

NFLPN Education Foundation
Attn: Certification Department
605 Poole Drive
Garner, NC 27529

To whom it may concern,

I am requesting permission for _____ to sit for the following certification exam (s): (check item below)

_____ IV Therapy

_____ Gerontology

I certify that this person has satisfactorily completed educational/clinical training in IV Therapy and/or Gerontology within the scope of practice.

I further agree to keep all NFLPN test materials under lock and key, administer the exam to the LPN/LVN within a monitored environment and return all test materials to the NFLPN promptly for scoring.

I understand certification which is valid for two years in the above specialty will be issued upon passing the exam and NFLPN will place the LPN/LVN in the registry for this certification.

I understand that student PN/VNs who take and pass the certification exam will be issued a certificate once a copy of valid licensure is received by NFLPN.

Please send proctor materials to:

Name or Company: _____

Street Address: _____

City, State, Zip: _____ Phone: _____

Email: _____

Sincerely,

Name of Proctor
Title