



The Education Foundation of
National Association of Licensed Practical Nurses

230 Washington Avenue Extension, Suite 101, Albany, NY 12203
518-694-5361 • Fax: 518-463-8656 • www.nalpn.org

Note: This is the sample Proctor letter that must be included with the certification application. Please copy the text and place on facility 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.

Date

NALPN Education Foundation
230 Washington Ave. Ext., Suite 101
Albany, NY 12203

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 understand that reproduction of any testing materials or CD refresher course is prohibited.

I further agree to keep all testing materials under lock and key, administer the exam to the LPN/LVN within a monitored environment and return all test materials and CD refresher course to the NALPN Education Foundation promptly for processing.

Please send proctor materials to:

Name or Company: _____

Mailing Address: _____

City, State, Zip: _____ Phone: _____

Email: _____

Sincerely,

(signature)

Name of Proctor
Title