Click or tap to enter a date.

Office of Professional Learning Review
Thomas Edison State University
111 West State St.
Trenton, NJ 08608

Dear Registrar:

Please accept this signed letter as verification that the individual named below has successfully completed the INPO-accredited training program(s) at Click here to enter FACILITY NAME AND LOCATION indicated below.

Full Name: Click here to enter First Name, M.I., Last Name and Suffix

Street Address: Click here to enter Street Address

City: Click here to enter City State: Click here to enter State Zip Code: Click here to enter Zip

Date of Birth: DD-MM-YYYY.

TESC ID# (if known) or last four digits of SSN: Click here to enter ID#

|  |  |
| --- | --- |
|  **INPO-Accredited Training Program** | **Date of Completion (MM-YYYY)** |
| [ ] Chemistry Technician | MM-YYYY |
| [ ] Electrical Technician | MM-YYYY |
| [ ] Engineering Support Personnel | MM-YYYY |
| [ ] Instrumentation & Control Technician | MM-YYYY |
| [ ] Maintenance Mechanic Technician | MM-YYYY |
| [ ] Non-Licensed Operator Trng & Qualification Prgm | MM-YYYY |
| [ ] Radiological Protection Technician | MM-YYYY |
| [ ] Reactor Operator Trng & Qualification Prgm\* | MM-YYYY |
| [ ] Senior Reactor Operator Trng & Qualification Prgm\* | MM-YYYY |
| [ ] Shift Technical Advisor | MM-YYYY |
| [ ] Radiation Worker Training | MM-YYYY |

\*Use this form if the training program was completed 1/1/1990 – 1/31/2017.

Please see the [NRC's RO and SRO webpage](https://www2.tesu.edu/oplr/client.php?client=NRC-OL&_gl=1*yi5cbf*_ga*MTA2MjMxMjQ3Ni4xNjU1MzE2MzM2*_ga_DSG60VSL1E*MTY2NTY2NDA4MS4yNTYuMS4xNjY1NjY1Nzc4LjYwLjAuMA..&_ga=2.199741869.263448515.1665490451-1062312476.1655316336) for more information on credit for the RO and SRO license 2/1/2017-10/31/2023. Reactor Operators and Senior Reactor Operators licensed before 1990 may be eligible for a different credit award based on an earlier program review. Please contact PLR for more information.

If you have any questions regarding this document, please contact Click here to enter POC Name at Click here to enter Phone#.

With my signature below, I certify that the student identified above has completed the indicated training at Click here to enter FACILITY NAME AND LOCATION and this training was INPO-accredited at the time of completion.

Sincerely,

Click here to enter Signatory’s Name & Title