Click or tap to enter a date.

Office of the Registrar  
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 completed the specified International Ground Source Heat Pump Association (IGSHPA) credential awarded credit through the Thomas Edison State University’s Office of Professional Learning Review.

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 Code.

Unique Identifier: Click here to enter last 4 SS#, DOB, Cert/Reg# or other unique ID#. Identifier Type: Choose an ID Type.

Certification Name: Accredited Installer Workshop

Date of Completion: Click here to enter a date.

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

Sincerely,

Click here to enter Signature’s Name & Title.