



CERTIFICATE OF COMPLETION NURSING

State Form 50024 (R9 / 1-20)

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
www.pla.IN.gov

CERTIFICATE OF COMPLETION

REGISTERED NURSE (RN) LICENSED PRACTICAL NURSE (LPN)

I hereby certify that _____ was admitted
to the _____ Program
of Nursing located in _____ on _____
and completed requirements for graduation on _____
will/did graduate on _____. His/Her Social Security number is
_____.

There is evidence in our permanent records that this person has met the requirements as specified
in Indiana law.

DATE: _____ SIGNED _____
Signature

Printed Name

SCHOOL
SEAL

Dean / Director / Designee

APPLICANT: The **CERTIFICATE OF COMPLETION** form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.

DIRECTOR OF PROGRAM: The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency. **CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.**