

The National APS
CERTIFICATE PROGRAM

**APPLICATION FOR CREDIT FOR
NAPSA MODULE TAKEN PREVIOUSLY**

Name _____

Position _____

NAPSA Module Completed _____

Date Completed _____ Where Completed _____

Name of Instructor(s) _____

Supervisor's Verification of Completion

I hereby verify that _____ completed the above
named NAPSA Module on _____.

Signature _____ Date _____

Program Manager's Verification of Completion

I hereby verify that _____ completed the above
named NAPSA Module on _____.

Signature _____ Date _____

By signing here, I certify that I have completed the above named NAPSA Training
Module. I understand that if this information should prove to be incorrect that I may be
eliminated from the NAPSA Certificate Program.

Signature _____ Date _____