



Thomas Edison State College  
School of Nursing  
Nurse Educator Certificate Program

**Requirements for Requesting the Nurse Educator Certificate**

Award of the Nurse Educator Certificate upon completion of the Nurse Educator Certificate program offered by the School of Nursing requires:

- satisfaction of all financial obligations with the College;
- satisfactory completion of all academic requirements of the Nurse Educator Certificate program; and
- submission of the completed Request for Nurse Educator Certificate form by fax or postal mail to the Office of the Registrar at Thomas Edison State College upon completion of the last certificate program requirement, and in accordance with the graduation application deadlines listed below. The Request for Nurse Educator Certificate form is located on the Student Forms page on the College Web site at: [www.tesc.edu/studentforms](http://www.tesc.edu/studentforms)

The Nurse Educator Certificate will be awarded by the Office of the Registrar in accordance with the College's four posted graduation dates.

Application Deadline

July 1  
October 1  
January 1  
April 1

Graduation Date

September  
December  
March  
June

An official transcript of coursework completed as part of the Nurse Educator Certificate program may be obtained by submitting a completed Transcript Request Form, located on the Student Forms page on the College Web site at: [www.tesc.edu/studentforms](http://www.tesc.edu/studentforms)



Office of the Registrar  
Thomas Edison State College  
101 West State Street  
Trenton N.J. 08608-1176  
FAX (609) 777-0477

**Request for Nurse Educator Certificate**

Please print your full name as it should appear on your certificate. If this is a name change from what is in our official records, you must provide a notarized copy of your marriage license, divorce decree or verification of legal name change along with this request.

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Current address. If this is a change in address, please check here

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

***Student Certification:*** *I certify that, since enrolling at Thomas Edison State College, I have not received, nor am I a candidate for, this or a similar certificate at another institution. I also certify that to the best of my knowledge, I have completed all of my certificate requirements and satisfied all of my financial obligations.*

Student Signature: (required) \_\_\_\_\_ Date: \_\_\_\_\_