



Request for Certificate

14/15

Student Name as it will appear on Certificate: _____ ID#: _____

Address if certificate will be mailed: _____

Day Phone #: _____ Date Program/Course Completed: _____

Please Mail directly to student Call for pick up Send to instructor/class

Choose applicable type of certificate - **Proficiency**, **Skills** or **Recognition** of Training
Check the applicable name of the Program you have completed -or- Write in the name of the Course you have completed

Proficiency Certificate - A program comprised of a sequence of courses

- BUSINESS**
- Accounting Clerk
 - Office Clerk
 - Executive Assist
 - Office Manager
 - Customer Service
 - Receptionist

- HEALTH CARE**
- Certified Nursing Assistant
 - Clinical Medical Assisting
 - Medical Billing & Coding
 - Medical Office Administration (Disc)
 - Medical Office Laboratory Technician
 - Phlebotomy Technician

- INFORMATION TECHNOLOGY**
- Computer Upgrade & Repair Technician(A+)
 - Network Administrator(MCSA)
 - Network Engineer (CCNA)
 - Networking Technician (Net+)

- SERVICE INDUSTRY**
- Barbering (Contingent on passing Utah/NIC Exam)
 - Cosmetology/Barbering (Contingent on passing Utah/NIC Exam)
 - Cosmetology/Barbering Instructor(Contingent on passing Utah/NIC Exam)
 - Nail Technician (Contingent on passing Utah/NIC Exam)
 - Nail Technician Instructor (Contingent on passing Utah/NIC Exam)

- MANUFACTURING**
- Welding Technician (Disc)
 - Welding Technician I
 - Welding Technician II
 - Welding Technician III
 - Industrial Maintenance Professional (Disc)
 - Industrial Maintenance Technician
- Transportation**
- Heavy Duty Diesel
 - Commercial Drivers License

Skills Competence Certificate - Single course(s) Please write in or check:

- | | |
|--------------------------------|--------------------------------|
| BUSINESS | INFORMATION TECHNOLOGY |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

- | | | |
|--|--------------------------------|--------------------------------|
| HEALTH CARE | Welding | Industrial Maintenance |
| <input type="checkbox"/> Central Sterile Processing Tech (CPT) | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| | | Heavy Duty Diesel |
| | | <input type="checkbox"/> _____ |
| | | <input type="checkbox"/> _____ |
| | | <input type="checkbox"/> _____ |
| | | <input type="checkbox"/> _____ |

Recognition of Training - Workshop with no competency testing

WORKSHOP
Workshop Name: _____

MISCELLANEOUS INSTRUCTIONS: _____

PROFESSIONAL WORK ETHICS (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Attend class | <input type="checkbox"/> <input type="checkbox"/> Contribute positively to class/classmates |
| <input type="checkbox"/> Arrive on time | <input type="checkbox"/> <input type="checkbox"/> Exhibit dependability and responsibility |

*Student's Signature: _____ Date: _____

** Students with unpaid tuition/fees must satisfy these obligations before a certificate can be awarded.*

** Instructors Signature: _____ Date: _____

*** Please make sure student's competencies are posted in Northstar or certificate will not be processed.*

Date Submitted/mailed: _____	<input type="checkbox"/> 2012/13	<input type="checkbox"/> 2013/14	By: _____
Date received: _____		<input type="checkbox"/> 2014/15	By: _____
Date Printed: _____			By: _____
Date Mailed to student: _____			By: _____