



70 Market Street • Manchester, NH 03101 • Phone: 603-647-2174 • Fax: 603-647-2175

## THP Transition to LNA

### Proof of THP Work Hours Documentation

THP Applicant Name: \_\_\_\_\_ Applicant Phone #: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_

Include License Number: \_\_\_\_\_

*Please provide the following information for the THP Applicant named above:*

Dear THP Program Reviewer,

This is to verify that \_\_\_\_\_ has worked in the  
(THP Applicant's Name)

capacity of a Temporary Health Partner (THP) with our company. The total number of working hours as an LNA being \_\_\_\_\_.

Signed \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Phone number: \_\_\_\_\_

Email : \_\_\_\_\_

Please return this completed form directly to the LNA Health Careers Admissions office by email:

[info@lnahc.com](mailto:info@lnahc.com)

Please do not give this completed form back to the applicant as it must be received by the Admissions Office directly from the individual completing the form to be considered official.

Thank you,  
LNA Health Careers Admissions