



**Lindsey Hopkins Technical Education Center**  
750 NW 20<sup>th</sup> Street, Miami, FL 33127



**CERTIFICATE REQUEST**  
**TEACHER VALIDATION STATEMENT FORM**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

I confirm that as of (Date) \_\_\_\_\_ the aforementioned student has successfully completed all requirements and has met each of the standards of the

(Official Course Title): \_\_\_\_\_ course and therefore merits a Lindsey Hopkins Technical Education Center certificate.

In lieu of attaining the total required hours (at least 85% and not more than 115% of the total program hours). I confirm that this student possesses sufficient Prior work Experience, Past Skills, and Knowledge in this course in order to satisfy all of the requirements and standards of this program.

Below, please provide a comprehensive explanation validating Prior Work Experience, Past Skills, and Knowledge of this student.

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Instructors Name (Print) \_\_\_\_\_

Instructors Signature \_\_\_\_\_

Date \_\_\_\_\_

IF APPLICABLE, THIS COMPLETED FORM MUST BE ATTACHED TO THE CERTIFICATE REQUEST CLEARANCE FORM.