



NSH Student Enrollment Verification Form

Student's Name: _____

Student E-mail: _____

Name of School: _____

Anticipated Graduation Date: _____

Program Director Name: _____

Email: _____

I verify that _____ is currently enrolled in our NAACLS accredited histology program.

Program Director Signature

Date

Please complete and return to NSH office via fax 443-535-4055 or e-mail to Brenda@nsh.org within 1 week of registration of event.