

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient Name]  
[Recipient Title]  
[Organization Name]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to confirm the receipt of my application for the Nurse Practitioner program at [Institution/Organization Name] submitted on [Submission Date]. I am enthusiastic about the opportunity to advance my career and contribute to the healthcare community through this program. Please feel free to reach out if further information or additional documentation is required to assist with the evaluation of my application.

Thank you for considering my candidacy. I look forward to the opportunity to discuss my application in further detail.

Sincerely,  
[Your Name]