

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Email]  
[Your Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Organization's Name]  
[Organization's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to express my interest in pursuing my NNP certification. With [number] years of experience in neonatal nursing and a strong commitment to providing the highest level of care to our most vulnerable patients, I believe that earning this certification will enhance my skills and enable me to contribute even more effectively to our team. In my current role at [Your Current Workplace], I have successfully [briefly describe relevant experience or accomplishments related to neonatal nursing]. These experiences have not only strengthened my clinical skills but have also deepened my passion for neonatal care. I have completed the required clinical hours and am fully prepared to meet the standards set forth by the NNP certification process. I am particularly excited about the opportunity to [mention any specific goals or areas of focus related to the NNP certification].

Thank you for considering my application for NNP certification. I look forward to the possibility of advancing my nursing practice and continuing to provide exemplary care to neonates and their families.

Sincerely,

[Your Name]  
[Your Credentials]