

[Your Name]
[Your Title/Position]
[Your Organization]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Certification Body Name]
[Certification Body Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to wholeheartedly recommend [Applicant's Name] for the NNP certification. As [his/her/their] [relationship to the applicant, e.g., supervisor, mentor, colleague] for [duration of time], I have had the privilege of witnessing [his/her/their] dedication and expertise in neonatal nursing.

[Provide specific examples of the applicant's skills, experiences, and accomplishments that relate to NNP qualifications.]

[Discuss the applicant's commitment to professional development and continuous learning in the field of neonatal nursing.]

[Emphasize the applicant's ability to work as part of a team, communicate effectively, and provide high-quality patient care.]

In conclusion, I strongly believe that [Applicant's Name] is a highly qualified candidate for the NNP certification. [His/Her/Their] passion for neonatal nursing and commitment to excellence will undoubtedly contribute to the field.

Thank you for considering this application. Should you require any further information, please do not hesitate to contact me.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]