

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

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

Dear [Recipient Name],

I am writing to endorse [Candidate's Name] for the NNP certification. I have had the pleasure of working with [him/her/them] at [Organization/Institution Name] for [duration of time], during which [he/she/they] has demonstrated exceptional skills in [specific skills or qualities relevant to NNP].

[Provide specific examples of the candidate's qualifications, experiences, and accomplishments relevant to NNP, illustrating their ability and dedication.]

I am confident that [Candidate's Name] possesses the expertise and commitment necessary to excel in the field of neonatal nursing. I fully support [his/her/their] pursuit of NNP certification and believe [he/she/they] will make a valuable addition to the profession.

Please feel free to contact me at [your phone number] or [your email address] should you require any further information.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title]
[Your Organization]