

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Position]  
[Organization/Institution Name]  
[Address]  
[City, State, Zip Code]  
Subject: Certification of NNP Credential  
Dear [Recipient's Name],  
I am writing to confirm that [Candidate's Name] has successfully completed the requirements for the Nurse Practitioner Certification as a Neonatal Nurse Practitioner (NNP) as per the standards set forth by the [Certifying Body Name].  
[Candidate's Name] has demonstrated the competencies required to provide specialized care to neonatal patients, which includes assessment, diagnosis, and management of various neonatal conditions.  
This certification is valid from [Start Date] to [End Date], and we certify that [Candidate's Name] has adhered to all professional guidelines necessary to maintain this credential.  
If you have any questions or require further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].  
Sincerely,  
[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Position]  
[Your Organization/Institution Name]  
[License or Certification Number, if applicable]