

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

Dear [Recipient Name],

I am writing to enthusiastically recommend [Candidate's Name] for the NNP certification. Having worked closely with [him/her/them] for [duration of time] at [Your Organization/Institution], I have witnessed [Candidate's Name]'s exceptional skills and dedication in the field of neonatal nursing.

[Candidate's Name] has consistently demonstrated a strong understanding of neonatal care principles, evidencing both clinical expertise and compassionate patient management. [He/She/They] exhibit remarkable critical thinking abilities and a deep commitment to the well-being of the newborns and families [he/she/they] serve.

One notable example of [his/her/their] proficiency was when [describe a specific situation or project where the candidate excelled]. This experience is a testament to [Candidate's Name]'s capabilities and readiness for further responsibilities associated with the NNP role. Additionally, [he/she/they] is a team player, readily collaborating with multidisciplinary teams, and contributing to a positive work environment. [Candidate's Name]'s professionalism and eagerness to learn continuously make [him/her/them] an ideal candidate for the NNP certification program. I am confident that [Candidate's Name] will not only meet but exceed the expectations of the NNP certification. [He/She/They] is well-prepared to take on this new challenge, and I wholeheartedly support [his/her/their] application.

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

Sincerely,

[Your Name]
[Your Title/Position]
[Your Organization]