

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

Dear [Recipient's Name],

Subject: Verification of NNP Certification

I am writing to verify the certification of [Certificant's Name], who is a [Title/Position] at [Organization/Institution] and holds the NNP (Neonatal Nurse Practitioner) certification.

[Certificant's Name] was certified on [Certification Date] by [Certifying Body/Organization], with certification number [Certification Number].

This certification is valid until [Expiration Date].

Should you require any further information or verification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]

[Your Title]

[Your Organization]