

[Your Name]
[Your Title]
[Your Organization]
[Your 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],

Subject: Verification of NNP Program Completion

I am writing to confirm the successful completion of the Nurse Practitioner Program (NNP) by [Participant's Name]. This program was conducted from [Start Date] to [End Date] at [Institution Name]. [Participant's Name] has fulfilled all course requirements, including [List Key Requirements or Courses], demonstrating [his/her/their] knowledge and skills in neonatal nursing practice.

Please feel free to contact me for any further information or clarification regarding [Participant's Name] and [his/her/their] accomplishments in the NNP program.

Thank you for your attention to this matter.

Sincerely,

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