[Date]

[Sender/Organization]

NRHA Rural Health Nurse Certification Program

To Whom It May Concern:

Please accept this letter of support on behalf of [participant’s name]'s to enroll in NRHA’s Rural Health Nurse Certification Program.

[Participant] is currently employed at [organization] as a nurse and reports to me.

I fully support [candidate’s] enrollment in NRHA’s Rural Health Nurse Certification Program.

Sincerely,

[Sender’s Signature]

[Sender's name]

[Sender's title]

[Sender's organization]

[Sender's email address]

[Sender’s phone number]