Letter of support from applicant's manager/supervisor/hospital administrator

This letter supports the intent of _____

(Print applicant's name)

to become a Neonatal Resuscitation Program™ (NRP™) hospital-based instructor for

_____

(Print name of institution, city)

The applicant meets eligibility requirements:

- ❑ Current NRP Provider Card, Lessons 1 through 9
- ❑ Current licensure as an RN, MD or DO, RT, or physician assistant
- ❑ Experience working with newborns in a hospital setting
- ❑ Current educational or clinical responsibility within a hospital setting

I am confident that this applicant

- Will implement our hospital Neonatal Resuscitation Program enthusiastically
- Will demonstrate good interpersonal skills and the self-confidence necessary to work with all levels of health care professionals
- Will meet the time commitment necessary to implement NRP in our institution

I am aware that course prerequisites include purchasing the *NRP Instructor DVD* for this individual and passing the online NRP examination during the 30 days before the Instructor Course.

My institution will provide administrative support for a hospital-based Neonatal Resuscitation Program, including components such as space, resources, and personnel.

_____ _____

Print name Signature

_____ _____ _____

Title Date Phone Number or E-mail

Return this form to: _____ at _____ or fax to _____