



The Education Foundation of
National Association of Licensed Practical Nurses

230 Washington Avenue Extension, Suite 101, Albany, NY 12203
518-694-5361 • Fax: 518-463-8656 • www.nalpn.org

Note: This is the sample endorsement letter that must be included with the certification application. Please copy the text and place on facility or faculty letterhead. Please date the letter and ensure endorsement meets requested guidelines below. Letters without signature or not on letterhead will not be accepted.

NALPN Education Foundation
230 Washington Ave. Ext., Suite 101
Albany, NY 12203

To whom it may concern,

This letter is to certify that _____ has sufficient and appropriate knowledge, skills, and training to sit for the following certification exam (check item below) according to the application requirements.

_____ IV Therapy

_____ Gerontology

(Endorser/supervisor: Please provide a brief explanation of the above mentioned LPN/LVN's work experience and training associated with his/her knowledge of the requested certification. Additionally, indicate how long the LPN/LVN has been under your supervision and any other information you wish to provide attesting to the abilities of this individual in regards to the requested certification.)

Sincerely,

(Signature)

Name and Credentials

Title