## Appendix B Letter to support request for NMP training

Date [](http://nww.intranet.rdash.nhs.uk/home/corporate-templates/rotherham-doncaster-and-south-humber-nhs-foundation-trust-rgb-black/)

Address

Name of colleague

Job Title

Dear…………….……….( Head Non-Medical Prescribing )

I have discussed the course with the Care Group NMP Lead

I can confirm my DPP supervisor is (name and details)

This is relevant for my role and the reasons are listed below:

Yours sincerely