## Appendix D Letter to support request to become active NMP

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

Date

Address

Name of colleague

Job Title

Dear…………….…….( Care Group NMP Lead)

I confirm I completed my V100/150/V300 and entered onto the NMC or appropriate regulatory body register and attach proof

My Named NMP Supervisor is (Name and details)

I can confirm I have read the NMP policy,

I have signed up for the MHRA alerts as per the policy

Yours sincerely