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



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