

PEN PROGRAM
RNFA ONLY
Professional Excellence in Nursing

The University of Toledo Medical Center

LETTER OF INTENT

Name: _____

Department/Unit: _____

Date: _____

I am interested in applying for:

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> PEN III | <input type="checkbox"/> Initial |
| <input type="checkbox"/> PEN IV | <input type="checkbox"/> Renewal |

I am interested in applying in:

- Spring
 Fall

If this Letter of intent is not received within three weeks of the deadline, the applicant waives their rights to a mentor and the right to appeal the committee's decision of a denied PEN application.

Manager/Director's Signature of Approval: _____

Please submit this form via fax to 419-383-3182 attn: PEN, or hand deliver to Maura Luettker, MLA 245. You will receive communication from a PEN Review Board Member to serve as your mentor throughout the application process.

For PEN Review Board Use only

Assigned Mentor: _____

Assigned on: _____