

PEN PROGRAM
RNFA ONLY
Professional Excellence in Nursing

The University of Toledo Medical Center

LETTER OF INTENT

Name: _____ Rocket #: _____

Department/Unit: _____

Date: _____

Home Address: _____

I am interested in applying for:

☐ PEN III

☐ Initial

☐ PEN IV

☐ 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 by scanning to Maura.Luettke@utoledo.edu. You will receive communication from a PEN Review Board Member to serve as your mentor throughout the application process **after the letter of intent is received.**

For PEN Review Board Use only

Assigned Mentor: _____

Assigned on: _____