



RURAL EDUCATION & ADVANCED LEARNING PROGRAM LETTER OF SUPPORT

TO: RhPAP Health Professions Department

FROM: (Name of Manager/Supervisor): _____

(Title): _____

(Organization): _____

Re: Letter of Support for (applicant name): _____

Requested Training/Education: _____

Offered by Institution/Organization: _____

Please describe how this proposed training/education will benefit the candidate, the organization, and the rural community in which they work:

Any additional reflections that we should consider in the evaluation of this application?

As the employer, are you able & willing to provide the resources – staff, equipment, etc. – for the applicant to practice the newly learned skills in order to serve the health needs of the region (as applicable)? Please explain:

As part of this inaugural offering, RhPAP will be looking to conduct follow-up interviews/evaluations with the successful candidates and their employers/communities. If you would be willing to provide feedback, please provide us with your contact information below:

Preferred method of contact: Email _____

Phone: _____

Name & Title

Organization/Community

Date