



## Rural Education & Advanced Learning (REAL) Program Letter of Support

Dear Manager or Supervisor,

You are being asked to provide this Letter of Support for an employee as part of the REAL Program eligibility criteria. Please complete and sign the following form. If you have any questions or concerns, please contact [REAL@rhpap.ca](mailto:REAL@rhpap.ca)

TO: RhPAP Health Professions Team

FROM: Name of Manager/Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Department: \_\_\_\_\_ Community: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Re: Letter of Support for (applicant name): \_\_\_\_\_

Requested Education: \_\_\_\_\_

Offered by Institution/Organization: \_\_\_\_\_

As the employer, please tick the boxes if you agree with the following:

This applicant is employed with the organization in an out-of-scope/non-union position or as a clinical nurse educator, clinical resource nurse, clinical nurse specialist or hospital department lead.

This applicant has worked for the organization in a rural position for more than 6 months.

I recognize the potential benefit of this education.

This proposed education will benefit the applicant, the organization, and the rural community in which they work.

The applicant will be permitted time away for completion of the requested education (if applicable).

The applicant will be provided opportunity, equipment, or support to put the requested education into practice (if applicable).

I am prepared to provide feedback to RhPAP through interviews/evaluations on the quality and effectiveness of the REAL Program within my organization and community.

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

By signing this form, you agree to the collection of the above personal information by RhPAP. This information may be used in the future to contact you to verify the application, and to gather feedback for the REAL Program. If you have any questions or concerns, please contact [REAL@rhpap.ca](mailto:REAL@rhpap.ca)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date