{Organization Name}

{Street Address}

{City, State Zip}

{Telephone Number}

{Date}

To Whom It May Concern:

{Applicant First Name and Last Name} is a nurse or nursing staff employed by {organization name}. I have reviewed {his/her/their} abstract, {project title}, and support the submission to the 2024 SHINE Conference.

Sincerely,

{Insert Name}

Nurse Manager