

**EDUCATIONAL PROGRAM ENDORSEMENT:
APPLICATION COVER LETTER**

To be completed by Applicant School:

Name of School _____

Address _____

City _____ State _____ Zip _____

Telephone for contact person _____

FAX number _____

Email address _____

Name, title and credentials of chief nursing administrator _____

Name, title and credential of lead faculty, HNC certified _____

Application date _____

To be completed by AHNCC:

Date received _____ Date of Board action _____

Endorsed _____ Not endorsed _____

Date school notified _____

Notes/comments:

Endorsement period_____

2/4/2004 AHNCC WEBSITE FORM