

PEN PROGRAM
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 form by scanning application to maura.luetke@utoledo.edu or hand deliver to Mulford Library Annex Room 245. You will receive communication from a PEN Review Board Member to serve as your mentor throughout the application process.

For PEN Review Board Use only

Assigned Mentor: _____

Assigned on: _____