

**Share. *Care*. Cure.**

**ERN Assessment Manual for Applicants**

**9. Sample Letter of National Endorsement for Healthcare Providers**

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*An initiative of the*

 **March 2016**

**Preamble**

This document contains the Sample Letter of Endorsement for Healthcare Providers. It is part of series of ***nine*** documents that include the following:

1. ERN Assessment Manual for Applicants: Description and Procedures
2. ERN Assessment Manual for Applicants: Technical Toolbox for Applicants
3. ERN Assessment Manual for Applicants: Operational Criteria for the Assessment of Networks
4. ERN Assessment Manual for Applicants: Operational Criteria for the Assessment of Healthcare Providers
5. Network Application Form in Active PDF
6. Membership Application Form in Active PDF
7. Self-Assessment Checklist for Networks in Active PDF
8. Self-Assessment Checklist for Healthcare Providers in Active PDF
9. Sample Letter of National Endorsement for Healthcare Providers

*This series of documents of the Assessment Manual and Toolbox for European Reference Networks has been developed in the framework of a service contract funded under the European Union Health Programme.*

**Annex XI –Sample Letter of Endorsement for Healthcare Providers**

*[Space for the insertion of the National specific content or National logos/visual identity]*

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| **Common elements for all Member States** |
| <Date> : dd/mm/yyyyCountry:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Institution issuing the endorsement letter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**RE: Endorsement of Approved Healthcare Provider** This letter confirms that **<Insert Healthcare Provider’s Name>** has been endorsed by **<insert endorsing body>** as an approved healthcare provider for the purposes of participation in European Reference Networks, in accordance with the **<country name>** legal and regulatory requirements. Sincerely, **<Signature of Representative>****<Insert Name of Representative of the National Authority>**Contact details: Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*[Space for the insertion of the National specific content or National logos/visual identity]*