[](http://www.google.ca/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0CAcQjRxqFQoTCLzJ1-vG9sYCFct-kgodzCsAKA&url=http://ec.europa.eu/health/&ei=VKWzVbzPA8v9yQTM14DAAg&bvm=bv.98717601,d.aWw&psig=AFQjCNFT5P0A_G6HWVPW3b5AsNOZnKgGkg&ust=1437923019318181)

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

**ERN Assessment Manual for Applicants**

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

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[](https://www.google.ca/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0CAcQjRxqFQoTCNuq0JXQ8cYCFQNMkgodWB0D7g&url=https://ec.europa.eu/research/social-sciences/index.cfm?pg%3Dlibrary&ei=BRCxVZuUD4OYyQTYuozwDg&bvm=bv.98476267,d.aWw&psig=AFQjCNGhlzCDaCYLl-p1F6_C8P0KBZK-BQ&ust=1437753726511955)

*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]*

|  |
| --- |
| **Common elements for all Member States** |
| <Date> : dd/mm/yyyy  Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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]*