

EXHIBIT T-1:

**NSPDP APPROVAL DECISION LETTER**

PDP Portfolio Review Date: \_\_\_\_\_

**EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Credentials: \_\_\_\_\_ Department: \_\_\_\_\_

	<u>LEVEL</u>	<u>CORES</u>	<u>ELECTIVE POINTS</u>	<u>MONETARY AWARD</u>
<input type="checkbox"/>	<b>1</b>	_____	_____	\$500.00
<input type="checkbox"/>	<b>2</b>	_____	_____	\$750.00

*I hereby acknowledge that the above employee has met the criteria set forth by the Nursing Support Professional Development Program and verified by the PDP Committee.*

\_\_\_\_\_  
Signature PDP Chair/Co-chair

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Date