



**North Carolina Nurses Association
HALLMARKS OF HEALTHY WORKPLACES**

**ENDORSEMENT OF NCNA HALLMARKS WORKPLACE RECOGNITION
PROGRAM**

I am glad to contribute our endorsement. I understand that by signing this form, I am endorsing the North Carolina Nurses Association Professional Practice Advocacy Coalition *Hallmarks of Healthy Workplaces Program*, which recognizes workplaces in North Carolina that support registered nurses. I have learned about Hallmarks and understand that my association's name will be used with other endorsers to market the program on printed and electronic materials in North Carolina.

Name of person with authority. Please print:

Hand-written signature:

Name of association or agency:

Address:

Phone number: _____

Email address: _____ Date: _____

Fax to (919) 829-5807
Surface mailing address: NCNA, PO Box 12025, Raleigh, NC 27605
Email: hallmarks@ncnurses.org