



NATIONAL NURSE PRACTITIONER RESIDENCY & FELLOWSHIP TRAINING CONSORTIUM

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NNPRFTC Accredited Program Complaint Form

The NNPRFTC welcomes your compliments or concerns about NNPRFTC accredited programs and/or the advertisement of accreditation. To review NNPRFTC's complaint policy visit NNPRFTC's website at www.nppostgradtraining.com. In order to address your feedback, please provide the complete information requested below.

Date: (month/date/year) _____

Name: _____

(Except where the safety of a child is implicated in a complaint or if potentially illegal conduct is disclosed, the Consortium will not act upon anonymous complaints. If the information that is available in the public domain is provided anonymously, the Consortium may initiate an inquiry based upon the information.)

Address

Street:

City:

State:

Zip:

Day time phone:

Email:

Are we authorized to use your name? ___ Yes ___ No

(If not authorized to use your name, the NNPRFTC will not disclose it unless required by law.)

Program Information:

Program Name:

Program Address:

City:

State:

Zip:

Program Phone if known:

Have you expressed your concern to the program? ___ Yes ___ No

Have you contacted the licensing/regulatory agency? ___ Yes ___ No

Program Feedback Form

Feedback/Concern

Please describe your specific feedback or concern below in as much detail as possible. Attach additional sheets, if necessary. Email this form as an attachment to info@nppostgradtraining.com, Attn: Quality Assurance. Thank you for taking the time to share our feedback or concern with the NNPRFTC.
