

## Community Partner Verification Letter

Organization Name:	Georgia State University
Partner Code:	D04
Partner Liaison:	Felisha Norrington
Partner Liaison Email:	fnorrington@gsu.edu
Partner Liaison Phone:	(404) 413-1000
Applicant Name:	

I attest that the student above is currently affiliated with my organization and is actively enrolled in or has completed the required training program outlined below to be eligible for the Bridge Program:

Applicant is enrolled in one of the following programs:

- Nursing
- Nutrition
- Respiratory Therapy
- Physical Therapy
- Social Work
- Public Health

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Partner Liaison Signature

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Date