



SUNY
DOWNSTATE
Health Sciences University

DATE

To Whom It May Concern:

Re: Resident's name

Please be advised that **Resident's name** is a new resident in the SUNY Downstate **SPECIALTY** residency training program. The length of training is a total of **X** years.

Dr. Resident's last name employment will begin on **July 1, 2021** and is expected to continue through **June 30, 2025** at which time he/she will have completed all training requirements in the specialty of

Dr. **Resident's last name** will receive a total compensation of **Salary amount including location stipend and living allowance** as a **Resident level** resident during the academic year July 1, 2021 to June 30, 2022.

If further information is needed, feel free to contact me at **YOUR CONTACT NUMBER**.

Sincerely,

Program Coordinator's name

Program Coordinator

Program name