DATE

To Whom It May Concern:

**Re: Resident’s name**

Please be advised that **Resident’s name** is a new resident in SUNY Downstate SPECIALTY residency program. His/Her employment will begin on July 1, 2021 and is expected to continue through June 30, 2025 at which time he/she would have completed all training in the specialty of …………………..

Dr. Resdient’s last name will be in receipt of 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, I can be reached at YOUR CONTACT NUMBER.

Sincerely,

**Program Coordinator’s name**

**Program Coordinator**

**Program name**