



SUNY
DOWNSTATE
Health Sciences University

DATE

To Whom It May Concern,

RE: RESIDENT'S NAME

Please be advised that **RESIDENT'S NAME MD**, successfully completed his/her **SPECIALTY** residency training at the SUNY Downstate Health Sciences University on **ENTER DATE ie June 30, 2021**. The **SPECIALTY RESIDENCY/FELLOWSHIP** program is accredited by the Accreditation Council for Graduate Medical Education (**Program ACGME#.....**).

Dr. **Resident's last name** was a resident with this residency Program from **ENTER DATES OF TRAINING ie July 1, 2020 to June 30, 2021**) and graduated in good standing.

For further information, please feel free to call me at **PHONE NUMBER** or email at **EMAIL ADDRESS**.

Sincerely,

Program Coordinator's/Director's NAME

Title