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July 1, 2021

Program Director Name

Program Director
Department of Specialty
SUNY Downstate Health Sciences University
Brooklyn, MNY 11203

Attn: Program Coordinator:

**Re: Transfer Resident’s Name**

Dear Program Director’s Name:

**Transfer Resident’s Name** was a PGY 2/R1 Your Program’s Specialty Resident at SUNY Downstate, a program accredited by the Accreditation Council for Graduate Medical Education (Program ACGME#).

Resident completed one (1) year (July 1, 2020 to June 31, 2021) of training in Your Program’s Specialty and left the program in good standing. He/ She will not receive a certificate/diploma as he/she did not complete Downstate’s Your Program’s Specialty four (4) years training program. This letter serves in the place of a diploma/certificate.

To the best of my knowledge, there were no adverse occurrences/actions taken by or against him/her. His/Her compliance with departmental and hospital policies, relationships with colleagues and patients, and personal integrity were all exceptional. Her academic and clinical performance were both exemplary.

I have also taken the liberty to include his/her semiannual summative evaluations along with her milestones as proof of her outstanding performance with us.

If you have additional questions, please feel free to call at Your contact information.

Yours truly,

**YOUR PROGRAM DIRECTOR’s NAME**

**Program Director**