



SUNY DOWNSTATE Medical Center

DATE

Program Director Name

Program Director

Department of Specialty

SUNY Downstate Health Sciences University

Brooklyn, NY 11203

Attn: Program Coordinator:

Re: **Transfer Resident's Name**

Dear **Program Director's Name:**

Transfer Resident's Full Name, MD 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#**).

Dr. **Resident's last name** completed **X year(s)** (**LIST TRAINING PERIOD ie July 1, 2020 to June 30, 2021**) of training in **Your Program's Specialty** and left the program in good standing. He/ She will not receive a certificate/diploma as they did not complete the full **NUMBER ie four (4)** years of training. This letter serves in place of a diploma/certificate.

To the best of my knowledge, there were no adverse occurrences/actions taken by or against Dr. **Resident's last name**. 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 included Dr. **Resident's last name** semiannual summative evaluations along with their Milestones assessment.

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

Yours truly,

YOUR PROGRAM DIRECTOR's NAME

Program Director