

**Request for Letters**

NAME \_\_\_\_\_  
Email address \_\_\_\_\_  
Phone number \_\_\_\_\_

1st Year                      2nd Year                      3rd Year                      4th Year  
(circle one)

I need:  
\_\_\_\_\_ letter of recommendation                      \_\_\_\_\_ proof of malpractice insurance  
\_\_\_\_\_ letter of good standing                      \_\_\_\_\_ proof of HIPPA training  
\_\_\_\_\_ verification of enrollment                      \_\_\_\_\_ proof of OSHA training

Reason for the letter:  
\_\_\_\_\_ applying for preceptorship                      \_\_\_\_\_ applying for summer research  
\_\_\_\_\_ applying for transfer                      \_\_\_\_\_ applying for 4th year away elective  
\_\_\_\_\_ other, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person to whom the letter should be addressed, including complete mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Please mail the letter directly to the above address.  
\_\_\_\_\_ Please fax the letter directly to this fax number: \_\_\_\_\_  
\_\_\_\_\_ I will pick up the letter to include with my application.

If you are requesting a letter of recommendation, please indicate why you are applying for the program/transfer, etc. Also include any pertinent prior research, work, or academic experience, or honors, as well as any extracurricular activities that you have been involved in since beginning medical school. Alternatively you may submit a c.v.

**DEADLINE FOR LETTER TO BE RECEIVED:** \_\_\_\_\_

**PLEASE ALLOW AS MUCH NOTICE AS POSSIBLE FOR THESE LETTERS TO BE COMPLETED, PREFERABLY A MINIMUM OF 2 WEEKS. PLEASE PLAN AHEAD!!! WE ARE USUALLY UNABLE TO FULFILL LAST MINUTE REQUESTS.**