Request for Letters

NAME______________________________________________

Email address_________________________________________
Phone number________________________________________

1st Year  2nd Year  3rd Year  4th Year
(cirlce 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.