

Dr. _____ is applying to participate in the NYACEP Leadership and Development Fellowship Program. This is a 14-month program with educational and meeting attendance. The expectation is a few hours per month of attendance and schedule availability to participate in NYACEP and ACEP advocacy and educational conferences. New York ACEP is asking for a statement in support of this candidate, and their commitment to the program, from you as their department leader for this doctor to partake in the program. We believe it will be beneficial to both the applicant and your department if accepted.

I, as a department leader for Dr. _____ at _____ (hospital/group/system name) support and understand the commitment for the NYACEP Leadership and Development Fellowship.

Name: _____ Date: _____ Signature: _____