Date

E. Benjamin Clyburn, M.D.

ACMGE Designated Institutional Official

169 Ashley Avenue, Room 202 Main Hospital, MSC 333

Charleston, SC 29425 Dear Dr. Clyburn:

The Department of {enter department here} recommends the following resident appointments/reappointments:

# PGY1 – July 1, 20XX- June 30, 20XX

Resident 1, MD Resident 2, MD (Visa) Resident 3, MD, PhD

# PGY2 – July 1, 20XX- June 30, 20XX

Resident 1, MD, MBA Resident 2, MD (Chief)

Resident 3, MD (Department to supplement funding)

# Research – July 1, 20XX – June 30, 20XX

Resident 1, MD (Grant funded)

# Off-cycle – August 1, 20XX – July 31, 20XX

Resident 1, MD (Preliminary)

# Non-ACGME – July 1, 20XX – June 30, 20XX

Resident 1, MD (Research) Sincerely,

{Program Director or Department Chairman}

# NOTES:

**+**One letter per program

**+**e-Signature accepted

**+**There are to be separate letters for appointments and re-appointments

**+**Use legal names and indicate medical credentials

**+**List any special funding needs such as grant funding and/or department supplemental funding