Date

Cynthia Talley, M.D.

ACGME Designated Institutional Official

169 Ashley Avenue, Room 202 Main Hospital, MSC 333

Charleston, SC 29425

Dear Dr. Talley:

The Department/Division of (PROGRAM) recommends the following resident or fellow Appointment(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Legal Name and Credentials** | **PGY Level** | **Dates of Appointment** | **Visa Type** | **ACGME/CODA/**  **NST/Non-ACGME/**  **Chief/Research/**  **Grant** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

All residents/fellows listed above have met or are scheduled to meet all eligibility requirements for appointment and/or promotion as outlined in the MUSC GME Handbook, including but not limited to employment eligibility, prior required training, and USMLE requirements. If after the date of this request a requirement is unmet, the GME Office will be notified prior to the start date and a new request will be submitted or the appointment may be rescinded. ***Note: All Program Directors are responsible for reviewing the*** [***eligibility criteria***](https://horseshoe.musc.edu/-/sm/medicine/education/gme/f/forms/eligibility-criteria-20241113.docx) ***for contracting and notifying the GME Office prior to appointing any exceptions to the requirements.***

Sincerely,

{Program Director or Department Chairman} **e-signature allowed.**

# NOTES:

* Only use one letter per program
* Separate letters for appointment, re-appointment, Non-ACGME, NST, and research