



Date:

RE: [resident / fellow applicant name]

**Program Director letter of support for Clinical Innovation and Entrepreneurship Academy**

Dear Selection Committee,

This letter is to verify that [resident / fellow applicant name] has my support for their application for the Clinical Innovation and Entrepreneurship Academy.

Specifically, that [resident's name]:

- is a good candidate for this course.
- will be committed to completing this course.
- has the support of our program to participate in this course.
- will be free from clinical responsibilities the night before, the day of, and the night of the academy day.
- has been given sufficient time to complete the course.

I agree that participation in this course will not compromise this candidate's other training program requirements.

Sincerely,

[Full Name]

[Title]

[Training Program Name]

[Email]