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<Insert Date>

Louisiana State Board of Medical Examiners

RE: <Insert Resident Name>, M.D. – Letter of Commitment

To Whom It May Concern:

I am writing this letter to confirm that Dr. <Insert Resident Name>, is a Resident in the <Insert Residency Program Name> , New Orleans Residency Program affiliated with the Louisiana State University Health Sciences Center in New Orleans and accredited by the Accreditation Council for Graduate Medical Education (ACGME accreditation number\_\_\_\_\_\_\_\_\_\_\_\_). She/He started her/his training on <Insert Date> and will complete her/his training as a PGY 2 on <Insert Date>.

If you have any further questions regarding Dr. <Insert Resident Name>, please contact me via email at \_\_\_\_\_\_\_\_@lsuhsc.edu or at (504) 568-\_\_\_\_\_.

Sincerely,

<Insert Residency Program Director Name>,

Program Director

LSUHSC <Insert Residency Program Name>

1542 Tulane Avenue

Room

New Orleans, LA 70112