

APPLICANT'S DEPARTMENT LETTERHEAD

Date:

Associate Dean/Assistant Dean
Postgraduate Medical Education
Faculty of Medicine
11th Floor, GLDHCC Bldg.
2775 Laurel Street, Vancouver BC

RE: Application of Dr. XXXXXXXXXXXXXXXX

This letter confirms that we support Dr. XXXXXX's application to the UBC Clinician Investigator Program. While this resident is enrolled in the CIP we will not offer job opportunities to this resident that will disrupt the resident's ability to complete the program.

Sincerely yours,

Department Head
Department of XXXXX

Division Head
Department of XXXXX