***\*This letter must be printed on institution letterhead***

*SAMPLE*

Date

American Society of Breast Surgeons

7067 Columbia Gateway Drive, Suite 290

Columbia, MD 21046

Re: ASBrS Candidate Membership

This letter verifies that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is currently enrolled as a

 (name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at

 (resident/fellow) (program name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and is in good standing.

 (institution)

The program term dates are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (START month/day/year) ( END month/day/year)

Please contact me if you have any questions.

Sincerely,

**Signature**

Name

Title

Telephone