***\*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