LETTERHEAD

Date

Education Department

American Osteopathic Association

via email: [postdoc@osteopathic.org](mailto:postdoc@osteopathic.org)

This letter serves as official verification that Physician Name successfully completed his/her residency training in Specialty at our ACGME-accredited program from start date to end date. The ACGME program number is 1234567890. Here are his/her dates of training by PGY year:

|  |  |  |
| --- | --- | --- |
| PGY | Start Date | End Date |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

Add/remove rows as necessary.

Include if applicable: In accordance with the AOA’s guidelines, Dr. Last Name presented an osteopathic lecture during his/her residency as his/her osteopathic educational activity. The lecture, titled “Presentation Title,” was presented to audience on date.

At your request, here are the details of his PGY 1 rotations. Add additional sentence regarding any longitudinal ambulatory/outpatient experience if applicable.

**PGY1 Rotations**

7/1/09 – 7/31/09 Internal Medicine

8/1/09 – 8/31/09 Emergency Medicine

9/1/09 – 9/30/09 Internal Medicine

10/1/09 – 10/31/09 General Surgery

11/1/09 – 11/30/09 Internal Medicine

12/1/09 – 12/31/09 Cardiology

1/1/10 – 1/31/10 Women’s Health (half Ambulatory Gynecology)

2/1/10 – 2/28/10 Internal Medicine

3/1/10 – 3/31/10 ICU

4/1/10 – 4/30/10 Hematology/Oncology

5/1/10 – 5/31/10 Gastroenterology

6/1/10 – 6/30/10 Neurology

Please feel free to contact me at 123-456-7890 or email if you need any further information.

Sincerely,

PD Name

PD Title