**INSTITUTIONAL LETTERHEAD**

Date

American Osteopathic Association

Division of Trainee Services

via email: pgy1@osteopathic.org

To whom it may concern:

On behalf of Physician Name, I would like to provide information on his/her residency/fellowship training at Training Institution for AOA recognition of his/her ACGME training. Dr. Last Name successfully completed his residency/fellowship training in Specialty at our ACGME-accredited program from start date to end date. The ACGME program number is 1234567890. Below are his/her dates of training by PGY year:

|  |  |  |
| --- | --- | --- |
| PGY | Start Date | End Date |
| # |  |  |
| # |  |  |
| # |  |  |

Add/remove rows as necessary.

Please feel free to contact me at phone or email if you need any further information.

Sincerely,

PD Name

PD Title