

(LETTER NEEDS TO BE ON DEPARTMENT'S LETTERHEAD)

<Date>

Department of Risk Management
Jackson Memorial Hospital
1500 NW 12th Avenue
Miami, Florida 33136

To Whom It May Concern:

<Name of Doctor> is a Resident/Fellow in good standing in the <Department>
Residency/Fellowship Training Program.

Dr. <Name of Doctor> has requested an elective at <Name of Facility> in <City, State>.

This is to confirm my approval of his/her request to be away from his
residency/fellowship duties from <period of rotation>.

Sincerely,

Chief or Residency Coordinator
(Department)

APPROVED BY: YES NO

Michael K. Butler, MD
Executive Vice President, Chief
Medical Officer, Sr. Assoc. Dean for
Clinical Affairs