

Instructions: With your mouse cursor, click once in the middle of the shaded areas below to highlight it and enter your letter of support (if you double click, and the "Text Form Field Options" dialogue box appears, hit CANCEL)

Letter of Support

Letter of Support for: [Click here and enter the applicant's name]

[Click here and enter the date]

The Clinical Recognition Program
Austen 3rd Floor, Rm 342B
55 Fruit Street
Boston, MA 02114

Dear Review Board,

[Click here to begin typing your letter of support]

Sincerely,

[Click here and enter your name]
[Click here and enter your discipline]
[Click here and enter your title]
[Click here and enter your position]