



Elective Rotation Program Director Endorsement

I attest that _____ is a _____ in good standing in our training program. I endorse _____ application for an elective and I have reviewed the goals and objectives for this elective. I have vetted and approved the individual who will be supervising the above resident for the duration of their elective rotation.

I understand _____ will need to be excused from usual WU/BJH/SLCH clinical duties during the period of time _____ would be completing this elective.

I confirm this elective has been checked for compliance and requested approval with our specialty's Residency Review Committee program requirements and our specialty Board eligibility requirements. If either or both require approval, the letter is attached.

I understand that any urgent contacts from this resident will be directed to me (or my designee in my absence).

Printed Name of Program Director

Signed Name of Program Director

Date