





Visiting Rotator Program Director Endorsement

I endorse	's request to rotate with our
training program.	
	s and objectives for this rotation. I have who will be supervising the above resident/fellow/IMG ation.
with our specialty's Residency/Fe	checked for compliance and requested approval ellowship Review Committee program requirements ity requirements. If either or both require approval,
I understand that any urgent conta my designee in my absence).	acts from this visitor will be directed to me (or
Printed Name of Program Director	
Signed Name of Program Director	Date