Department of Family Medicine and Community Health

University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 774-443-2246

Appointment LOR template (instructor/assistant)

Date

Dear Dr. Chair

I am writing to recommend that Dr. ____ be appointed as an (instructor/assistant professor) in the Department of Family Medicine and Community Health. (Include a brief introduction of yourself and how you know the candidate)

Dr. ____ graduated from ___ in City, State in 20__. She did her residency at ___ in City, State from ____ She has been board certified by the American Board of Family Medicine since ___. She practices(family medicine and obstetrics) at the___ Clinic in city,state with admitting privileges at_____.

Dr. ____ has served as a Family Medicine preceptor since 20__ at x clinic. This is a substantial commitment and contribution to resident/ medical student education. (or describe their other responsibilities in scholarship, clinic, or education)

Dr. _____ would be an excellent addition to our clinical faculty. Please favorably consider their application.

Sincerely,
Name
Email address
Phone