Please print name and address of training facility:

Letter from fellowship training supervisor(s)

Please print date:

Dear Training and Credential Committee,

Re resident name (please print):

This letter is to confirm that the above mentioned resident has completed their approved fellowship residency training programme in the discipline of (please print subject): .

The dates that the training occurred were between (please include dates of the training programme): and: .

The resident has completed all the necessary training and met all the requirements as outlined in the relevant ANZCVS Fellowship subject guidelines.

Signed,

Supervisor(s) please print name(s)