Please include name and address of training facility

Letter from **EACH** fellowship training supervisor

Click here to enter a date.

Dear Training and Credential Committee (TCC),

Re: insert candidate’s name, insert subject name

This letter is to certify that I, insert either principal or secondary supervisor’s name, have agreed to the role of (select supervisor role) Supervisor for the above-mentioned candidate for the Fellowship training program in the above subject, commencing on insert date.

I am also the principal supervisor for insert number (no more than 1 other) other resident and the secondary supervisor for insert number (up to 4) residents in any training program. I am supervisor for insert number European college and /or American college candidate/s and/or insert number of other clinical training positions (please specify the nature of any such positions) during the course of the above-mentioned resident’s training program.

The above-mentioned resident will be active in training for at least insert number hours per week and will interact directly with me for approximately insert number hours per week.

Yours sincerely,

Sign here:

**Insert Principal/Secondary Supervisor’s Name and qualifications**

Insert Title or role descriptor

**This section to be completed and signed by BOTH the principal supervisor and candidate**

**AGREEMENT**:

This is an agreement between the candidate and principal supervisor that meetings will be held annually to evaluate the progress of the candidate. These meetings will lead to production of a written Annual Supervisor Report (ASR) for both the College and the candidate.

Candidate signature:

**Insert Candidate’s Name and qualifications**

**Date**: *insert date here (may be handwritten)*

Principal supervisor’s signature:

**Insert Principal Supervisor’s Name and qualifications**

**Date**: *insert date here (may be handwritten)*