Date

Dear Program Director:

This letter is in support of Dr. \_\_\_\_\_\_\_\_\_’s application to the Critical Care Medicine track within the Division of Pulmonary and Critical Care Medicine at Indiana University. Dr \_\_\_\_\_\_\_\_\_ has met the prerequisite internal medicine training as per the ACGME’s guidelines:

Fellows from ACGME-accredited emergency medicine programs should have completed at least six months of direct patient care experience in internal medicine, of which at least three months must have been in a medical intensive care unit.

Specifically, Dr. \_\_\_\_\_\_\_ has completed the following rotations in order to fulfill this requirement:

As such, Dr. \_\_\_\_\_\_\_ meets all expectations for CCM fellowship training. Feel free to contact me for any more information.

Sincerely,