**Institution Letter**

The institution letter referenced in the program change request instructions is a confirmation of participation letter from the appropriate institution official of each sponsoring, primary, and participating institution of your program. Submitted letters must utilize the template language below. Do NOT submit the full affiliation or letter of agreement. The letter must include the signature of the appropriate official.

Institution definitions: 1) the sponsoring institution, which assumes ultimate responsibility for the program and is required of all programs, 2) the primary institution, which is the primary clinical training site and may or may not be the sponsoring institution, and 3) the participating institution, which provides required experience that cannot be obtained at the primary or sponsoring institutions. The sponsoring institution letter must be signed by the ACGME/RCPSC-accredited sponsoring institution’s designated institution official. The primary institution letter must be signed by the appropriate department chair(s).

**[The following is the required template language for the letter:]**

[Institution Letterhead]

[Date]

United Council for Neurologic Subspecialties

201 Chicago Avenue

Minneapolis, MN 55415

Dear UCNS:

This letter serves as the [Sponsoring/Primary/Participating] Institution Letter that accompanies the program change request for the [Program Name].

The [institution name] is committed to the training and committed to providing the appropriate education. [List specific educational activities that will be undertaken, supported, and supervised at the institution].

Sincerely,

[Name]

[Designated Institution Official/Department Chair/Medical Director]

[Institution Name]