**Academic Appointment Verification**

(Letter from Department Chair)

**Instructions:**

1. **COPY TEMPLATE TEXT BELOW TO INSTITUTION LETTERHEAD.**
   * Letters that are not on proper letterhead will not be accepted
2. Complete the required information in sections 1-7.
3. Department Chair signs the letter using a handwritten signature, digitized signature, or electronic signature equivalent format: /John Doe/.
4. Applicant uploads the completed letter into their online certification application.
5. Questions? Contact Becky Swanson, Operations and Executive Office Manager at [bswanson@ucns.org](mailto:bswanson@ucns.org) or (612) 928-6050.

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<Insert Date>

Dear UCNS Certification Department:

This letter serves as documentation of an academic appointment for the applicant listed below.

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| 1. Applicant name and credentials: |
| 2. Name of program/institution: |
| 3. Is appointment active and full-time?  Yes  No |
| 4. Date appointment began or will begin (MM/DD/YYYY): |
| 5. Responsibilities include instructing (check all that apply):  Medical Students  Residents  Fellows |
| 6. **For Internationally Trained Faculty at a UCNS-Accredited Training Program Applicants Only**  Both boxes must be checked  The academic appointment is contingent upon the above-named applicant sitting for, and passing, the UCNS certification examination  Recruitment and retention of the above-named applicant is considered by the above-named program/institution to be essential to the quality of the fellowship program |
| 7. Subspecialty  Autonomic Disorders  Behavioral Neurology & Neuropsychiatry  Clinical Neuromuscular Pathology  Headache Medicine  Interventional Neurology  Neonatal Neurocritical Care  Neurocritical Care  Neuroimaging  Neuro-oncology |

Sincerely,

<Insert signature, see #3 of instructions above>

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| --- |
| Department Chair name and credentials: |
| Name of institution: |
| Address: |
| Phone number: |
| Email: |