**Fellowship Training Verification**

(Letter from Fellowship Program Director)

**Instructions:**

1. **COPY TEMPLATE TEXT BELOW TO INSTITUTION LETTERHEAD.**
	* Letters that are not on proper letterhead will not be accepted
2. Complete all information in sections 1-8.
3. Program Director 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 or (612) 928-6050.

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<Date>

Dear UCNS Certification Department:

This letter serves as documentation of fellowship training for the applicant named below:

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| 1. Name and credentials of applicant: |
| 2. Name of institution where training occurred: |
| 3. Is the program UCNS-accredited? [ ]  Yes [ ]  No |
| 4. Duration of training: [ ]  12 months [ ]  24 months [ ]  Other (please specify): |
| 5. Did the applicant successfully complete the program? [ ]  Yes [ ]  In Progress [ ]  No |
| 6. Training start date (MM/DD/YYYY): |
| 7. Training end date (MM/DD/YYYY): |
| 8. 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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| --- |
| Program Director name and credentials:  |
| Name of institution:  |
| Address: |
| Phone number: |
| Email: |