

Date

American College of Surgeons
Division of Member Services
Medical Student, Resident, Associate Fellow, and Affiliate Section
633 North Dearborn Street, 24th Floor
Chicago, IL 60611
Fax 312-22-5007

Re Applicant for ACS Resident Membership

This letter verifies that _____ is currently enrolled as an/a
(Name)

- ... Intern
- ... Resident
- ... Fellow
- ... Research Fellow

at _____ and is in good standing.
(Institution)

Their training will be completed in _____.
(Month, year)

I am recommending this individual to be accepted as a Resident Member in The American College of Surgeons.

Best regards,

(Name)

(Signature)

(Title)

(Telephone)

(E-mail)

*Note: This form should be printed on the institution's letterhead