UAB MEDICINE
The University of Alabama at Birmingham

UAB Department of Pediatrics

(To be completed by residency program director)

I certify that the following resident*, (_____),* is in good academic standing at an ACGME-accredited residency, will be applying to fellowship in a pediatric subspecialty in the fall of ____, and is permitted to participate in an away rotation. I certify that my institution will continue to provide the trainee's salary and benefits during the away rotation at University of Alabama at Birmingham.

Optional additional comments:

_____ _____

Program Director Signature Date

_____

Printed Name of Program Director

_____

Title