**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](mailto: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: |