



UNIVERSITY *of* MARYLAND

SCHOOL OF MEDICINE

Date

Appointment, Promotions & Tenure Committee
University of Maryland School of Medicine

Re: Promotion for

Candidate full name, degrees

I certify that all letters of recommendation obtained from trainees in the attached promotion packet were requested by me on behalf of the Chair of the Department of

Department name

Sincerely,

Signature-APT Partner

APT Partner name