[Date]

Gregory Sawin, MD, MPH

Vice Chair, Education and Faculty Development

Department of Family Medicine and Community Health

2200 West Main Street, Erwin Square, 4th Floor

Durham, NC 27705

Dear Dr. Sawin,

I am writing to affirm that [insert name of practice] supports [name of applicant]’s application for the Primary Care Transformation Fellowship program beginning July 1, 2022 through June 30, 2024. We are excited about the opportunity for [fellow’s name] to learn new skills and tools that will improve our practice, and will support them in implementing a transformation project to address [insert a few words describing the general topic you have chosen to address].

We agree to allow [name of fellow] to commit 25% effort to this fellowship during the two year period. We also agree to support the portion of 25% effort not covered by the fellowship stipend. [insert description of how this will occur, e.g. practice will provide full funding for the difference, practice will reduce salary/effort during fellowship, other…].

Sincerely,

[name]

[Signature]