**Letter of Recommendation**

**Duke Certificate in Health Care Transformation**

To be completed by applicant:

NAME:

(LAST or FAMILY) (FIRST) (MIDDLE)

Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Duke University have access to their educational records, including letters of recommendation. However, students may waive their right to see letters of recommendation, in which case the letters will be held in confidence. If the applicant has not signed a waiver, he or she may request to see the letter after being admitted to the Duke Certificate in Health Care Transformation Program.

If you are willing to waive your right to examine the recommendation on file at Duke University and submitted by the person to whom this form is being given, please sign here:

 (SIGNATURE OF APPLICANT) (DATE)

**THE CERTIFICATE PROGRAM**

The Duke Certificate in Health Care Transformation (DCHT) is a year-long program designed for health care professionals (both clinical and non-clinical) and graduate level trainees from a wide variety of disciplines and sectors. The DCHT program is ideal for participants who have a health care transformation idea that they would like to improve or refine. The goal of the certificate program is to provide professionals in the health care sector (e.g., clinicians, health care administrators, faculty, staff, trainees) with the skills needed to develop and lead health care transformation and improve health within their communities and practice settings. See the [certificate website](https://fmch.duke.edu/education-training/certificate-health-care-transformation) for more details.

Through the Certificate in Health Care Transformation, participants will learn how to successfully engage within their stakeholder communities, organizations and practice settings by:

* Utilizing enhanced leadership and management skills
* Applying quality improvement techniques and new models of interdisciplinary and multi-sectoral partnerships
* Incorporating population health improvement approaches
* Working collaboratively to address social determinants of health
* Incorporating the meaningful use of health information technology to improve population health

 *(OVER PLEASE)*

NAME:

(LAST or FAMILY) (FIRST) (MIDDLE)

*The Duke Certificate in Health Care Transformation Program would appreciate a candid statement from you concerning the general experiences of the applicant named above. Please use the space below (or an attached letter if you prefer) to comment on the applicant’s general experience, accomplishments, abilities, character and capacity for success as a participant in this program. It would be very helpful for us to know how long, and in what capacity, you have known the applicant.*

**🗌 *Recommend Enthusiastically***

Signature \_\_ Date \_\_\_\_\_

**🗌 *Recommend With Confidence***

Name (Print) \_\_\_\_\_

**🗌 *Recommend***

Title \_\_\_\_\_

**🗌 *Recommend With Reservation***

Institution \_\_\_\_\_

 **🗌 *Not Recommended***

Address \_\_\_\_\_\_

Scanned documents may be emailed to: **DCHT@dm.duke.edu**