

[Your Name]
[Your Title/Position]
[Your Institution/Organization]
[Institution Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Recipient's Institution/Organization]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request verification of residency for [Resident's Name], who has completed their residency program in [Specialty] at [Institution/Organization Name] from [Start Date] to [End Date].

[Resident's Name] was enrolled in the program and fulfilled all requirements, including [list any relevant details about training, rotations, etc.].

Please find attached any additional documentation necessary to assist in the verification process. Should you require further information, do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Name]
[Your Title/Position]