

Proof of Status Resident Dermatologist

.....
(Name of the Residency Program)

Date / /

Name of Hospital/Organization*:

Address*:

RE: Proof of Status - Resident Dermatologist

To whom it may concern,

This is to certify that (name of the resident dermatologist)

is currently a Resident Dermatologist in our (name of the residency program/hospital)

from (Date) till present.

Sincerely,

.....
(Signature)

.....
(Name)

Head of the Department/Program Director

.....
(Name of the organization)

Stamp :

.....