Date

Nelson SooHoo, MD, Chair, Graduate Medical Education Committee

RE: Proposed Appointment of New Program Director

Dear Dr. SooHoo:

I would like to nominate, **Candidate's Name and Degrees**, for the position of Program Director for the ______ training program. Dr. _____ will have authority and accountability for the operation of all components of the residency or fellowship program. My recommendation of Dr. ______ for this position is because: (*indicate brief rationale for appointment*)

Dr. ______ is currently a ______ professor in the Department of ______. He/she has been board certified in ______ for _____ years, and holds a UCLA medical staff appointment. A copy of Dr. _____'s curriculum vitae is enclosed.

I am recommending Dr. _____ for this appointment to begin on ______ *(indicate date appointment will start).* I understand that the ACGME requires that the program director must intend to continue in his or her position for a length of time adequate to maintain the program's stability. The minimum term should be the duration of the program plus one year. I also, acknowledge that Dr. _____ will maintain board certification for the duration of his/her appointment as program director.

I have reviewed the Program Requirements for the ______training program which are posted on the ACGME website, and can assure the GMEC that Dr. _____ can comply with all requirements.

The Department of ______ will meet the ACGME specialty-specific requirements of protected time and support for his/her educational and administrative responsibilities for the program. The minimum amount of support should be the same as or greater than that required by the specialty-specific RRC. For this position, Dr. ______ will be protected for at least ____% of his or her time and will receive____% of salary (University "X") for this position.

I have discussed all the above with Dr. _____. After approval by the GMEC, I understand the DIO will notify the ACGME using their WebADS system; in turn, the ACGME will require the program director to submit more detailed information also using the WebADS system.

Sincerely,

Department Chair

cc: Proposed Program Director

Enclosure: Curriculum Vitae Summary of teaching evaluations Attestation Form Division Chief (if applicable)