

UAB Department of Pediatrics

Underrepresented in Medicine Experience in Pediatric Subspecialties

(To be completed by residency program director)

I certify that the following resident, (_____), is in good academic standing at an ACGME-accredited residency, will be applying to fellowship in a pediatric subspecialty in the fall of ____ and is permitted to participate in an away rotation. I certify that my institution will continue to provide the trainee's salary and benefits during the away rotation at University of Alabama at Birmingham.

Optional additional comments:

Program Director Signature

Date

Printed Name of Program Director

Title