

**SAMPLE FINAL LETTER CONFIRMING COMPLETION OF TRAINING**  
<On letterhead>

<date>

Program ID: \_\_\_\_\_

Larry R. Faulkner, M.D.  
President and CEO  
American Board of Psychiatry and Neurology  
2150 East Lake Cook Road, Suite 900  
Buffalo Grove, IL 60089

Re: <Name of resident>

Dear Dr. Faulkner:

This letter will confirm that <Dr. Name> has successfully completed his/her training in <specialty/subspecialty> at <name of program>. S/he entered our program on <m/d/y> and successfully completed all training on <m/d/y>.

Sincerely,

<Name, MD>  
Program Director