EMPLOYER DECLARATION FORMAT

(To be printed on the hospital’s official letterhead)

**Date:** [DD/MM/YYYY]

**To,**
LTSI – University of Maryland Exchange Fellowship Committee
University of Maryland Medical Center

**Subject:** Employer Declaration for Dr. [Doctor’s Full Name]

Respected Sir/Madam,

This is to certify that Dr. [Doctor’s Full Name], residing at [Doctor’s Address], is currently employed at [Hospital Name] as a [Doctor’s Designation] in the [Department Name] since [DD/MM/YYYY]. Dr. [Doctor’s Last Name] has expressed interest in pursuing the **LTSI – University of Maryland Exchange Fellowship for Transplant Surgeons in Training**. As their employer, we fully support their application and participation in this prestigious program.

Furthermore, we confirm that Dr. [Doctor’s Last Name] will return to [Hospital Name] upon completion of the fellowship and resume their duties as per our prior agreement. The hospital acknowledges the value of this training in enhancing the professional expertise of Dr. [Doctor’s Last Name] and looks forward to their contributions upon their return.

Should you require any further information or clarification, please do not hesitate to contact us at [Hospital Contact Information].

**Sincerely,**
[Authorized Signatory Name]
[Designation]
[Hospital Name]
[Hospital Address]
[Hospital Contact Information]

**(Official Stamp & Signature)**