

## LETTER OF RECOMMENDATION FOR A RESIDENCY PROGRAM

### Tips to Students:

1. Provide the individual with a copy of your CV
2. Give individual clear & specific deadlines for mailing the letters - SEND ONE COPY TO:  
*Dr. Molly Osborne  
OHSU School of Medicine, L102  
3181 SW Sam Jackson Park Road  
Portland, OR 97239*
3. Follow-up!! Make sure letters are in the Dean's Office (check your file regularly!!)

### ERAS Programs

Letters of recommendation sent out by the SOM Dean's Office. If in the text of the letter it states that you have waived your right to view it, the letter will be treated as confidential.

### NON ERAS Programs

Letter writer must send the letters directly to residency program and send a copy to the Dean's Office for our records (that way you can make sure this letter has been sent)

*\*\*Note: Faculty may mark envelope of letter CONFIDENTIAL if he/she wishes\*\**

### Letter Format for the Letter of Recommendation (Should be on letterhead!)

Date

Addressed to: Dear Residency Director

Content to Include

1. *Introductory Sentence*  
EXAMPLE: *It gives me great pleasure to recommend FRED JONES (FULL NAME) to your SURGERY PROGRAM.*
2. *Nature of Relationship With Student*  
The circumstances by which you know the student, e.g., teacher, advisor. How well you know the student. Your teaching experience – how often, how many students.
3. *Specific Examples to Address Strengths of Student:*
  - Fund of knowledge
  - Skills – clinical skills, procedural skills, research skills.
  - Personal qualities – dependability in stressful situations, reliability, punctuality, communication skills, empathy with patients, ability to integrate and communicate information to the medical team and support staff, how well-liked by staff, patients, peers
  - *Mention any experience(s) that might add character/uniqueness to the student.*
4. *Summary Statement*  
E.g., In summary, I commend (FULL NAME) as an excellent physician for your program. If you have further questions, please contact me at (GIVE TELEPHONE NUMBER, etc.). Include student's practice plans and special interests in health care delivery.

Sincerely, (FULL NAME, TITLE, AFFILIATION & ADDRESS)