

Date

American College of Surgeons  
Division of Member Services  
Medical Student, Resident, Associate Fellow, and Affiliate Section  
633 North St. Clair St, 24<sup>th</sup> Floor  
Chicago, IL 60611  
Fax: 312-202-5007

Re: Applicant for ACS Resident Membership

This letter verifies that \_\_\_\_\_ is currently enrolled as an/a  
(Name)

- Intern
- Resident
- Fellow
- Research Fellow

at \_\_\_\_\_ and is in good standing.  
(Institution)

Their training will be completed in \_\_\_\_\_.  
(Month, year)

I am recommending this individual to be accepted as a Resident Member in The American College of Surgeons.

Best regards,

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(E-mail)

*\*Note: This form should be printed on the institution's letterhead*