**TEMPLATE : LETTER OF SUPPORT FROM SUPERVISOR**

The letter of support must be:

* written on the letterhead of the supervisor’s hospital
* digitally or manually signed by the supervisor
* saved in a PDF format
* choose the relevant item in red and remove the other information.

This template below can be adapted as long as all requested information are present

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To whom it may concern:

It is my pleasure to write this letter of support for [Insert Title, first and last name of candidate] and to certify that he/she born on [insert date], in [insert town and country], graduated at [Medical School name / University] in [insert date of graduation].

Additional information to be completed (if none experience write “none” next to the title)

1. Postgraduate trainings:
2. Experiences abroad:
3. Scientific / Clinical work:
4. Lectures and publications:
5. Teaching activities:
6. Research:

[Insert Title, first and last name of candidate] is a fully authorized Cardiologist in [insert country] and a respected member of the [insert name of Society of Cardiology]. Through his/her membership in the [insert name of Society of Cardiology] he/she is also a member of the European Society of Cardiology.

Based on the above, we totally support [Insert Title, first and last name of candidate] application and we consider that his/her clinical skills make him/her well suited for certification in CP/EP

Should there be any question, please do not hesitate to get in touch with me at any time.

Yours sincerely,

[Insert Title, first name, last name of signatory]

[Role in institution]

Digital or manual signature

*(a Copy/paste signature is not acceptable)*