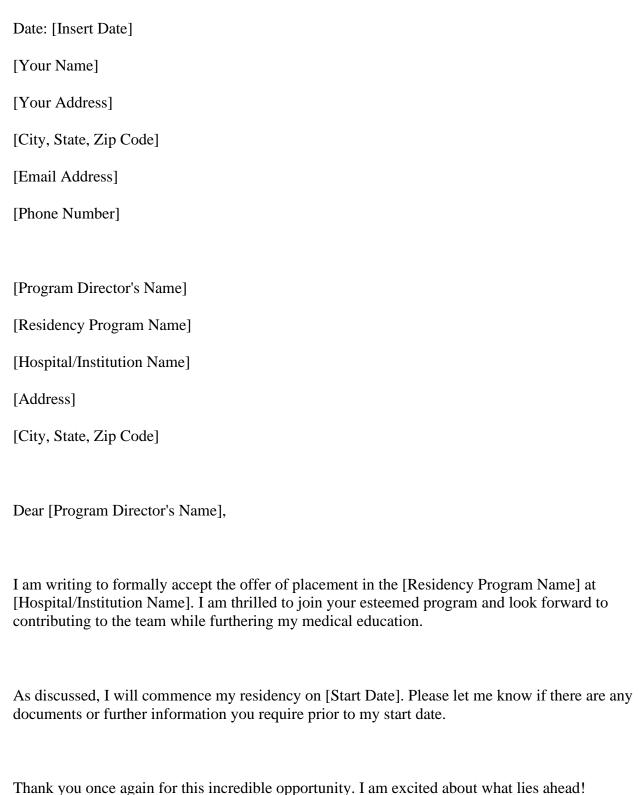
Letter of Acceptance for Residency Program



Sincerely,

[Your Name]

[Your Medical School] Class of [Graduation Year]