

Affirmation of Participation in Residency Program

Date: [Insert Date]

To Whom It May Concern,

This letter serves to affirm that **[Resident's Name]** has successfully participated in our residency program from **[Start Date]** to **[End Date]**. During this period, they have shown exemplary dedication and competence in their field.

We have witnessed their professional growth and commitment to learning throughout the program. **[Resident's Name]** has actively engaged with their peers and mentors, contributing positively to our community.

We wholeheartedly recommend **[Resident's Name]** for future opportunities, as they have proven to be a valuable member of our residency program.

If you have any questions or require further information, please feel free to contact me at **[Your Email]** or **[Your Phone Number]**.

Sincerely,

[Your Name]
[Your Title]
[Institution Name]
[Address]
[City, State, Zip]