

Residency Program Prerequisites

Date: [Insert Date]

To Whom It May Concern,

I am writing to outline the prerequisites required for the [Name of Residency Program] at [Name of Institution]. In order to be considered for admission, applicants must fulfill the following criteria:

- Completed Doctor of Medicine (MD) or equivalent degree
- Valid medical license in the relevant state
- Completion of a minimum of [X] clinical rotations in core specialties
- Letters of recommendation from [X] physician mentors
- Completion of [X] hours of clinical experience
- Passing score on USMLE Step 1 and Step 2
- Submission of a personal statement outlining career goals

Should you have any questions regarding these prerequisites, please feel free to contact our office at [Contact Information]. We look forward to your application.

Sincerely,

[Your Name]

[Your Title]

[Name of Institution]

[Contact Information]