

Date: _____

Applicant Name: _____

Attn: LHE Fellowship Selection Committee

This letter is to acknowledge that I, _____, am aware that
Supervisor Name
_____ has applied for the Leaders for Health Equity Fellowship
Applicant Name
Program, which includes a commitment of up to 5 weeks out of office. He/she will have protected time to participate in the training sessions, both online and site-based.

In my capacity as _____, I am in full support of his/her
Title/Position
participation and will serve as an advisor and mentor throughout the fellowship, assisting in his/her application of the leadership skills acquired in this program.

Sincerely,

Supervisor Signature

Name

Email

Organization