



**APPENDIX 2:
FACULTY OF MEDICINE, PGME PROGRAM
Residency Program Director & Associate Dean, PGME
Template Letter of Support to the CPSM**

Date

Dr. A. Mihalchuk
Registrar, College of Physicians and Surgeons of Manitoba
1000 – 1661 Portage Avenue
Winnipeg, MB
R3J 3T7

Dear Dr. Mihalchuk:

Re: _____

Dr. _____ is currently a resident enrolled in the _____
Program at the University of Manitoba. This resident is in good standing academically, ethically
and professionally. I have no concerns regarding this resident enrolled as a Regulated Associate
Member Education – Resident Class Prescribing Privileges under the auspices of the College of
Physicians and Surgeons of Manitoba and the University of Manitoba.

Yours Truly,

Signature
Residency Program Director,
University of Manitoba

Signature
Associate Dean,
Postgraduate Medical Education
University of Manitoba