**Max Rady College of Medicine**

Department of

INSERT DATE

Dr Kurt Skakum
260 Brodie Centre

727 McDermot Avenue

Winnipeg, Manitoba R3E 3P5

Dear Dr Skakum,

**RE: INSERT TRAINEE NAME**

Dr. **INSERT TRAINEE NAME** began residency in the **INSERT PROGAM NAME** at the University of Manitoba on INSERT DATE OF TRANSFER

Dr. **INSERT TRAINEE NAME** transferred from **INSERT PROGRAM** to **INSERT PROGRAM. They** transferred with **INSERT NUMBER OF BLOCKS OF CREDIT** including the following: (provide a detailed list of the amount of credit).

Dr. **INSERT TRAINEE NAME**’s projected **PGYX** advancement date will be **INSERT DATE**. The projected completion of training date will be **INSERT DATE**.

Should you require other information, please contact **INSERT NAME** and **CONTACT INFORMATION**.

Sincerely,

PROGRAM DIRECTOR SIGNATURE