



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

Date

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

Dear Dr. Ziomek:

**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,

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Signature  
Residency Program Director,  
University of Manitoba

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Signature  
Associate Dean,  
Postgraduate Medical Education  
University of Manitoba