Letter of Agreement – Clinical Translational Research Placement Fellowship

**Section 1: Candidate Information**

|  |  |
| --- | --- |
| Name of Candidate |  |
| Current Department, Institution |  |
| Department and Institution for the Fellowship (if different) |  |
| Preferred Start/End Date of the Fellowship |  |
| Preferred Percentage of Work Time for the Fellowship (full-time equivalent as basis) |  |

**Section 2: Agreement from the Current Department Head**

I confirm my full support for the participation of the candidate mentioned in section 1 in the Clinical Translational Research Placement Fellowship Program. I acknowledge that the necessary arrangements have been made to allow the candidate to dedicate the required time and effort to the fellowship.

|  |  |
| --- | --- |
| Name |  |
| Department |  |
| Signature |  |
| Date |  |

**Section 3: Agreement from the Host Department Head** (only if different from current department)

I confirm my full support for the participation of the candidate mentioned in section 1 in the Clinical Translational Research Placement Fellowship Program at my department/group. I acknowledge that the necessary arrangements have been made to allow the candidate to dedicate the required time and effort to the fellowship.

|  |  |
| --- | --- |
| Name |  |
| Department |  |
| Signature |  |
| Date |  |