

Professional Licensure Letter

To Whom It May Concern,

I am writing to support the medical licensure application of [Student Name]. As [Your Title] at [Institution], I have supervised [Student Name]'s clinical training from [start date] to [end date] and can verify their professional competence, ethical conduct, and suitability for independent medical practice.

During [Student Name]'s training under my supervision, they completed [number] hours of clinical work in [specialties/departments], demonstrating competency in patient evaluation, diagnosis, treatment planning, and procedural skills appropriate to their level of training. They consistently met or exceeded performance standards in clinical rotations, maintaining proficiency in [specific skills/competencies].

I can attest to [Student Name]'s professional behavior and ethical conduct. They have shown unwavering commitment to patient safety, maintained appropriate boundaries, protected patient confidentiality, and communicated effectively with colleagues and patients. I have never witnessed or received reports of unprofessional behavior, substance abuse, or ethical violations during their time under my supervision.

[Student Name] possesses the knowledge, skills, and professional attributes necessary for safe and effective medical practice. They demonstrate sound clinical judgment, recognize their limitations, and seek appropriate consultation when needed. I have no reservations about their ability to practice medicine independently.

Based on my direct observation and supervision, I fully support [Student Name]'s application for medical licensure. Please contact me at [email] or [phone] if you require additional information.

Sincerely,

[Your Name, Credentials]

[Your Title]

[Institution]

[License Number]

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