

Regan Resident Leadership Program

Approval from Residency Program Director

Name: _____ Title: _____

Institution: _____

Email: _____ Phone: (____) _____

I confirm that the resident is in good standing with our program, with a scheduled graduation date of _____ (month/year). I approve and support the resident in applying for the Regan Resident Leadership Program.

Signature: _____ Date: _____

Please upload this document with your application in the volunteer portal.