Date

**RE: Sponsoring/Supervising Physician Attestation**

Each of the following physicians have agreed to participate in the education of students/residents enrolled at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (medical school name) during the 2020 - 2021 academic year. The following physicians understand they are responsible for the actions and education of the student/resident in their charge and have signed an agreement with our institution. The Physician takes responsibility in educating the student/resident regarding clinical policies and procedures at The Hospitals of Providence and to abide by all provisions set forth in the Affiliation Agreement.

The Hospitals of Providence will be informed of any additional faculty added throughout the year by providing an addendum to this letter. Students/Residents will not be assigned to any Supervising Physician unless listed on the original letter or an addendum is received prior to the start of the rotation.

Each physician listed has been provided with the goals and objectives for their respective rotations and understand the scope of practice of the student/resident assigned to their rotation.

A copy of the signed agreement will be provided to The Hospitals of Providence in the event of an audit or compliance to a regulatory body request.

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*Signed by the Program Director or Dean Date*

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