**Letter of Support for ERA Short-Term Clinical Fellowship**

1) Name of the fellow:

2) Title of the Short-Term Clinical Fellowship (please indicate specific clinical techniques):

3) Unmet needs at the home institute:

4) What kind of knowledge learning is intended:

5) Current work and position of the fellow in his/her home institute:

6) Can you confirm that the fellow will have a position in his/her home institute at the end of the fellowship?

Yes  No, the fellow will go to an equivalent institute \*

*If YES, please answer all questions of section 6) and skip questions in section 7)*.

*\* If NO, the fellow must go to an equivalent institute to build on the acquired skills. The Chief of the equivalent institute must reply to questions of section 7) and co-sign this letter (see at the end of this letter). In this last case questions of section 6) needn’t be answered.*

6.1) Please specify the position he/she will have at the home institute:

6.2) Will the fellow be able to build on the acquired skill upon returning to his/her home institute? *(i.e.: establish a new clinical program, implement new technique(s))* Yes  No

6.3) Please specify the technique(s):

6.4) Please specify the clinical program(s):

7) Unmet needs in the equivalent institute:

7.1) Please specify the position he/she will have at the equivalent institute:

7.2) Will the fellow be able to build on the acquired skill in the equivalent institute? (*i.e.: establish a new clinical program, implement new technique(s))* Yes  No

7.3) Please specify the technique(s):

7.4) Please specify the clinical program(s):

8) Other comments:

……………………………………………… Stamp of the Home Institute

Name of the home institute

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Name of the Chief of the home institute Signature

If applicable:

……………………………………………… Stamp of the equivalent Institute

Name of the equivalent institute

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Name of the Chief of the equivalent institute Signature