



**Department of Pediatrics Visiting Resident Rotation
Program Director Statement of Support**

To be completed by residency program director:

I certify that the following resident, _____,
is in good academic standing at an ACGME-accredited residency, will be applying to fellowship
in a pediatric subspecialty in the fall of 2024, and is permitted to participate in an away
rotation. I certify that my institution will continue to provide the trainee's salary and benefits
during the away rotation at Nationwide Children's Hospital.

Optional additional comments:

Signed: _____

Printed name: _____

Credentials and Title: _____

Date: _____