**SAMPLE LETTER**

Applicant’s name

Address

University of South Carolina, School of Medicine

Columbia, SC 29209

March 1st, 2018

Re: Letter of Support for the USC SOM Emerging Physician Scientist Faculty Fellowship Program

Dear Dr. Applicant’s Name,

* Department chair’s support for faculty’s application to participate in the EPS program
  + Benefit of further research training and support
  + Support for time needed to complete fellowship requirements
* Potential of applicant to conduct research
  + Applicant’s commitment to health related research
  + Support for time and any resources needed to complete pilot project
* Value of the proposed research topic to the department and/or the individual’s future career goals.

Required language: I understand that the program will require Dr. XXXXXXX be permitted time to complete required elements. Some of that time may be purchased through the grant (no more than 5% of faculty salary, up to the NIH Salary cap), and the department/division/medical group agrees that the individual will have their productivity targets (i.e. wRVU targets) adjusted accordingly with their time, as mutually agreed upon with the submission of Dr. XXXXXXX’s application (see notes below). It is expected that these targets would be reduced to match the percent of funded effort, no more than 5%.

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| --- | --- | --- |
| Chair acknowledgement (initial) | Commitment from department chair | Notes (if applicable): |
|  | Complete 3-day didactic training (all day trainings distributed over 2 months) |  |
|  | Attend 1 hour monthly Emerging Physician Scientist meeting/groups (remote access will be available) |  |
|  | Complete proposed project |  |
|  | Complete final project report |  |
|  | Attend at least 1 IRB meeting as an observer |  |
|  | Attend USC SOM Internal Peer Review meetings, at least one per quarter |  |
|  | Present an extramural grant proposal at the Emerging Physician Scientist Fellowship Day utilizing findings from fellowship project |  |
|  | Submit extramural grant proposal |  |
|  | RVU target adjustment |  |

Sincerely,

Department Chair Name & Title

Address (if not on letterhead)

Signature