



## Division of Neonatology Visiting Resident Rotation

### Program Director Statement of Support

To be completed by the residency program director:

I certify that the following resident, \_\_\_\_\_, is in good academic standing at an ACGME-accredited residency, will be applying for a fellowship in neonatology in the fall of 2024, has completed and passed a criminal background check, 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 the University of Virginia Children's Hospital.

Resident's Home Institution will cover malpractice insurance during rotation:  Yes  No

If yes, please list the home institution's current malpractice insurance limits:

Optional additional comments:

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Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_

Credentials and Title: \_\_\_\_\_

Date: \_\_\_\_\_