# Massachusetts League of Community Health Centers

**Primary Care Workforce Initiative**

**2015 Career Development**

**Special Projects Initiative**

**Medical Director Letter of Support**

**Name of Applicant**

**Section A:** Letter of support from the site’s Medical Director is required for application. List the name of the individuals and their professional relationship to the applicant along with their phone numbers, postal and email addresses.

Name:

 *Last First Middle Title*

Address:

 *Street City State Zip Code*

Telephone: (   )  -     Email Address

Relationship to applicant:

**Section B:**  Provide a letter of support. The letter must be from the site’s Medical Director. The letter should address how the special project will benefit the individual provider as well as how it will benefit the CHC. Think about the skills that will be acquired, the cultural experiences, and the professional knowledge a provider will gain when discussing how the special project is relevant to their practice and the benefits it will bring to your health center. Explain how this project will enhance retention of this provider and in the health center at large. Please write the letter of support in the space provided below or attach it to this form.

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**Medical Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_**