Obtaining strong letters of reference (LoRs) is an essential part of the clinical fellowship application. All references should know you and have first-hand knowledge of your work. Current residents and those who have completed their training within the past five years must list their Residency Program Director or Associate Program Director as one of their references. Please provide each reference with a copy of this Reference Request Form, your academic CV, and personal statement. **It is your responsibility to complete this form, send to your reference, follow-up with your reference, and confirm that LoRs reach the Fellowship Coordinator in time to meet program deadlines.**

**APPLICANT**

In accordance with the Family Education Rights and Privacy Act of 1974 (Public Law 93-380), I understand that I have the right of access to this reference but may choose to waive that right. My preference is noted below:

I waive my right to inspect the contents of the reference.

I do not waive my right to inspect the contents of the reference.

Applicant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCE**

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference letters should comment on the applicant’s:**

* Clinical competence and independence
* Academic achievement and leadership potential
* Patient-centered communication and other communication skills
* Commitment to a primary care addiction medicine career working with urban, low-income, and stigmatized populations

Pl**ease address reference letters to the Program Director:**Joyce Troxler, MD   
Department of Family Medicine  
East Tennessee State University  
Quillen College of Medicine  
PO Box 70621  
Johnson City, TN, 37614

**The letters of recommendation should be written on institution letterhead and mailed to:**Melissa Cloyd, Addiction Medicine Fellowship Coordinator  
Department of Family Medicine  
Quillen College of Medicine  
East Tennessee State University  
PO Box 70621  
Johnson City, TN, 37614   
**Other Inquiries:**  
Tel: 423-439-6396  
[cloydmc@etsu.edu](mailto:cloydmc@etsu.edu)