

2024-2025 UW Medicine and Seattle Children's Certificate Program in Patient Safety and Quality Letter of Support

Date: _____

Re: Registrant Name _____

Dear Certificate Program in Patient Safety and Quality faculty,

it is my pleasure to recommend _____ to the 2024-2025 UW Medicine and Seattle Children's Certificate Program in Patient Safety and Quality.

_____ is proposing to work on a project that will address:

I will be certain that _____ is able to attend the six-mandatory day-long sessions:

- October 11, 2024
- December 4, 2024
- January 31, 2025
- March 4, 2025
- April 23, 2025
- May 16, 2025

I have discussed both the time commitment and the financial cost of this program with the applicant.

_____ ensures that they have the time equivalent to a 0.05 FTE commitment for this academic year available to dedicate to the quality and safety project aspect of the program.

_____ 's tuition will be covered by funds from _____ (please list source of funds).

Thank you for considering this application.

Sincerely,

Supervisor Signature and Title