

**Ronald O. Perelman Department of Emergency Medicine Coversheet for Letter  
of Recommendation Submissions to Volunteer Programs**

**(Form to be completed by Applicant with Recommender Signature)**

The program I am applying to is

The deadline for submitting letters of recommendation to the program is

Applicant Last Name

Applicant First Name

Recommender's Name

Position/Title

Institution or Company

Relationship to Applicant

Address

Phone Number

Email Address

Signature

Date

**Please Mail this Form with your Letter of Recommendation  
Directly to:**

Michelle Shum  
Program Coordinator  
Ronald O. Perelman Department of  
Emergency Medicine  
462 First Avenue, Suite A345  
New York, NY 10016