| Date                | _   |                         |                 |
|---------------------|---|-------------------------|-----------------|
| à•                  |   |                         |                 |
| Trainee Name        |   |                         |                 |
| o Whom It May Con   | icern:  |                         |                 |
| can confirm that    | Trainee Name  |                         | :               |
| • Is a              |   | at                      |                 |
| Medica              | al Student, Resident, or Fellow   | Affiliati               | on/ Institution |
| hypothesis, d       | in the study design and con<br>lata collection, data analysis<br>for the Huffman-Capraro aw | s, and abstract prepara | tion            |
| espond to any quest | tions/concerns.   |                         |                 |
| est,                |   |                         |                 |
| Mankay's Nama       |   |                         |                 |
| Mentor's Name       |   |                         |                 |
| Mentor's Credentia  | ls/ Affiliation/ Institution  | <del></del>             |                 |