



THE
INSTITUTE
OF LIVING



HARTFORD HOSPITAL

REFERENCE LETTER REQUEST

Dr. _____ has applied to The Institute of Living/Hartford Hospital Child & Adolescent Psychiatry Training Program.

In your letter, please indicate how long you have known the applicant and in what context. Please include comments on the applicant's character, work ethic, professionalism, knowledge base, motivation to learn, communication skills, patient care skills, and ability to work with others.

Please mail the original letter to:

Alison Wellman, Coordinator
C&A Psychiatry Residency Training
Braceland Building #104
The Institute of Living
200 Retreat Avenue
Hartford, CT 06106

You may fax a copy to (860) 545-7661.

Thank you for your attention to this important matter.