

# CONFIRMATION LETTER TEMPLATE

Date:

American Association of Directors of Child and Adolescent Psychiatry  
Attn: Earl Magee, Executive Director  
300-A Shipwright Loop, #A104  
Williamsburg, VA 23188

To Mr. Magee:

I am writing to confirm that \_\_\_\_\_ (new membership applicant name) serves as Division Director of Child and Adolescent Psychiatry at \_\_\_\_\_ (institution).

I can be reached at \_\_\_\_\_ (phone number/e-mail address) if you require further information.

Signed:

\_\_\_\_\_

Title: \_\_\_\_\_