



## Acknowledgement Statement

I, \_\_\_\_\_, acknowledge that I am being proposed for an appointment as a Clinical Instructor of \_\_\_\_\_ for a period of 1 year\* in the Department of \_\_\_\_\_ at Cooper Medical School of Rowan University (CMSRU).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Term for Clinical Instructor is 1 year** (coterminus with chief residency or fellowship at Cooper University Health Care).