**Diagnostic Radiology Program Director Standardized Letter of Recommendation**

**for ESIR Applicants**

**Independent IR Residency Match**

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*Insert applicant’s name* has been selected to complete my ACGME approved Early Specialization in Interventional Radiology (ESIR) curriculum and is scheduled to complete all ACGME ESIR requirements by **June 30,** *Insert year* .

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |