Illinois Department of Regulations

Medical Unit

320 W. Washington

Springfield Il 62786

Dear IDFPR,

Please allow this letter to serve as notification that DR. [**Name**] who is currently a trainee in our [**Name of Program**] program at the McGaw Medical Center of Northwestern University is leaving the program prior to completion for the following reason [**enter reason** ] effective [**enter date**]. Please let us know if you have any questions.

Signed

**[PD Name]**

**CC:**