

LHS K12 PROGRAM

Clinical Operations Sponsor Statement

Limit response to what fits in the space below (Arial 11 Font)

Sponsor Name:

Please indicate the resources that you will provide to support the candidate's LHS research and improvement activities in your clinical delivery system. Be specific as to amount of space, number and kind of staff, clinical and lab resources.

Many LHS research and improvement projects involve access to and modification of the electronic medical record. Please confirm that the scholar will have access to the EHR.

I have read and understand the expectations of mentors for this program, and agree to be the Sponsor for the candidate named above in the event he or she is selected.

Signature:

Date: