Your Name

Title

Organization Name

Street Address

City, ST ZIP Code

Date

Membership and Professional Standards Committee (MPSC)

United Network for Organ Sharing (UNOS)

700 N 4th St

Richmond, VA 23219

To The Membership and Professional Standards Committee:

I, \_\_(Your Name)\_\_, provide this letter of commitment for the role of \_\_(primary surgeon/physician)\_\_ for the \_(organ)\_ program at \_\_(name of transplant hospital)\_\_.

I affirm my dedication and commitment to this program to serve in this role if approved by the MPSC. I will be responsible for ensuring the operation and compliance of the program according to the requirements set forth in the OPTN Bylaws.

[In this section, please provide details on your training and experience in (organ) transplantation that indicate that you will be successful in this role.]

Should you have any need for additional information please feel free to contact me directly.

Sincerely,

(Signature)

Your Name

Title