[Institutional Letterhead]

Attention: IPOS Membership Committee

To whom this concerns:

 *Name of applicant* , is enrolled, at least half-time in calendar year 2019, in the following formal degree/training program: *Name of program and identification of institution* .

This program is related to the practice of psychosocial oncology (e.g. social work, nursing, chaplaincy, clinical psychology, psychiatry).

Sincerely,

Name of Academic Advisor or Department chair