*(PLEASE INSERT YOUR OFFICIAL NATIONAL SOCIETY LETTERHEAD / INSTITUTION LETTERHEAD HERE)*

**LETTER OF ENDORSEMENT**

**ERS HERMES EXAMINATION**

*For completion by the President or Secretary General of the National Society AND Head of the Institution.*

The following statements should be verified and returned to the candidate to submit with his/her registration package to sit the ERS HERMES rxamination in adult respiratory medicine.

This letter is to endorse and support the application of *(name of applicant)*

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to sit the ERS HERMES examination in adult respiratory medicine.

I can confirm that the above applicant: *(the applicant must meet both criteria)*

* Has completed his/her national training programme  
  OR is a final-year trainee of adult respiratory medicine
* Is entitled to practice, or accredited as, an adult respiratory medicine specialist

The applicant currently holds the position of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
at *(department, name of Institution, address of Institution)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In my opinion, the applicant meets all the criteria to be eligible to sit the examination.

Sign & print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
The \*President or \*Secretary General / Head\* (\*delete as applicable)  
of National Society/Institution