



**Advancing Pediatric Educator Excellence (APEX) Teaching Program |  
Supervisor Agreement (Division Chief, Department Chair, etc.)**

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**Applicant Information**

**First Name:**

**Last Name:**

**Your Information**

**First Name:**

**Last Name:**

**Title:**

**Street Address:**

**City:**

**State:**

**Zip Code:**

**Telephone: (Area Code)**

**Phone Number:**

**Cell Phone: (Area Code)**

**Phone Number:**

**Email:**

**Supervisor Statement:**

I have met with this applicant, and we have discussed participation in the program as described in the application and on the program website. Furthermore, I understand that tuition for the APEX certificate program is payable upon acceptance into the program. This letter signifies my approval and support of this application.

**Signature:**

**Today's Date:**

*We thank you in advance for your commitment*