



*Please print and attach this cover sheet to the front of your letter of recommendation.*

Applicant name: \_\_\_\_\_

Date: \_\_\_\_\_

Letter writer: \_\_\_\_\_

Position: \_\_\_\_\_

Medical or surgical specialty: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Thank you for agreeing to write a letter of recommendation in support of my Fellowship application. This cover sheet explains the special procedures needed to prepare a letter for the Nestlé Nutrition Institute Clinical Nutrition Fellowship for Physicians.

**Application deadline for the 2026 program is December 15, 2025.**

#### **Instructions for the Letter Writer**

Send the original letter of recommendation to Nestlé Health Science.

1. Write your letter on official institutional letterhead and manually sign the letter in blue or black ink.
2. Address the letter to "Dear Program Director."
3. Include the applicant's name, as listed above, in the subject line or body of the letter.
4. Attach this cover sheet to the letter before sending it.
5. Send the letter to the address below.

Submit to:

Nestlé Health Science

Clinical Nutrition Fellowship

Attention: Erin O'Hora

(570) 313-6647

[erin.ohora@us.nestle.com](mailto:erin.ohora@us.nestle.com)