

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 2027 program is December 18, 2026.

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