**Certificate of Insurance (COI) template for COI request for new employer:**

 I, (*write your name and suffix*), hereby request that a copy of the certificate of insurance (COI) be sent to my new employer:

* NAME OF NEW EMPLOYER:
* NEW EMPLOYER’S ADDRESS WITH CITY, STATE AND ZIP CODE:
* CONTACT PERSON:
* OFFICE NUMBER:
* EMAIL ADDRESS:

I, (*write your name and suffix*), am currently completing (*write #*) years of Residency (if fellowship) then write Fellowship in (*write name of specialty*) from (*WRITE YOUR TRAINING DATES, Month/Day/Year*).

I also give permission for the COI to be released to (NAME OF YOUR NEW EMPLOYER)

Thank you.

*Type your name and suffix,*

Email your request to dmendez@tbh.org