

Today's Date:

Dear L.A. Care Health Plan and the Center for Health Care Strategies,

I am writing in support of the application for the Provider Leadership Program's 2021 cohort on behalf of Provider/Applicant Name: _____ who, if accepted, has agreed to fully engage in all aspects of this six month program (April 2021– September 2021). As their organizational sponsor, I support their ability to fully participate in and attend all: (1) virtual seminars; (2) monthly coaching; and (3) leadership project development and implementation activities.

I strongly believe Provider/Applicant Name: _____ would benefit from the Provider Leadership Program. If you have any questions with regards to their qualifications or contributions, please do not hesitate to reach out to me.

Thank you for your consideration.

Sincerely,