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University of Hertfordshire

Musculoskeletal Injection Therapy Masters Module

7HSK2058

PRESCRIBER’S LETTER OF SUPPORT

APPLICANT’S NAME……………………………………………………………………

I confirm that I am qualified and willing to prescribe the necessary drugs for the above applicant during their attendance on the Master’s module ‘Musculoskeletal Injection Therapy’.

NAME: ………….……………………………………………

SIGNATURE: ……………………………………………………….

POSITION: ……………………………………………………….

DATE: ………………………………………………………….