



PALESTINIAN AMERICAN  
MEDICAL ASSOCIATION  
(PAMA)

## FORM 2: ORGANIZATIONAL COMMITMENT & ENDORSEMENT LETTER

### *Instructions*

- This form must be completed **only if the applicant is applying through an employer or sponsoring organization.**
  - It must be filled out, signed, and officially stamped by an **authorized representative** of the organization.
  - The completed form should be uploaded **together with the applicant's fellowship application** via the online portal.
  - Incomplete or unsigned forms will result in the application being considered **ineligible.**
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## FORM 2: ORGANIZATIONAL COMMITMENT & ENDORSEMENT LETTER

Date: \_\_\_ / \_\_\_ / 20\_\_

To: Fellowship Selection Committee

Palestinian American Medical Association (PAMA)

Email: [fellowships@pamausa.org](mailto:fellowships@pamausa.org)

Subject: Organizational Commitment & Endorsement for

\_\_\_\_\_

Organization Name: \_\_\_\_\_

Registered as:  NGO  Governmental  Other:

\_\_\_\_\_

Registration Number: \_\_\_\_\_

Registration Authority: \_\_\_\_\_

I am writing to formally endorse the fellowship application of **Applicant's Full Name:**  
\_\_\_\_\_ for participation in the **Fellowship/Advanced**

**Training Program Name:** \_\_\_\_\_ **at Host Institution Name:**  
\_\_\_\_\_.

### 1. Institutional Endorsement

We have reviewed the applicant's qualifications and confirm the training aligns with our organizational priorities.

### 2. Commitment to Support

*We commit to:*

- Granting the applicant necessary release time.
- Providing agreed institutional resources or mentorship.
- Ensuring the applicant's role (or equivalent) remains available upon return.

### 3. Reintegration & Skills Utilization

*We will integrate the fellow's acquired skills into organizational practice, policies, or services.*



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### 4. Reporting & Alumni Engagement

- Facilitate progress/final reporting.
- Support Alumni Network participation.
- Allow joint visibility/donor reporting activities.

### 5. Accuracy & Compliance

We certify that all information is accurate and consent to data processing for award administration and compliance.

### Authorized Signatory

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / 20\_\_

Official Stamp/Seal: \_\_\_\_\_