**Sample LOS**

November 9, 2016

Kathleen Chelminiak

Indiana Rural Health Association

2901 Ohio Boulevard, Suite 240

Terre Haute, IN 47803

Dear Ms. Chelminiak and Members of the IRSCN Application Committee:

[Insert provider organization] welcomes the opportunity to partner with (insert school system name) for its new school-based telehealth clinic program in partnership with the Indiana Rural Health Association (IRHA). We understand that through this partnership of healthcare and academic institutions, we plan to implement a school-based telehealth clinic and participate as members of the Indiana Rural Schools Clinic Network (IRSCN).

(Provider organization name) is a (describe facility type) that is located in the rural community of (city), Indiana. The commitment of the (insert name of school system) to improving the health and well-being of residents in the local community is formidable and will be strengthened through collaboration with (name of provider organization). It is anticipated that the partnership will prove beneficial to rural students by connecting healthcare to rural students through the implementation of a school-based telehealth clinic. (Provider organization name) will provide a licensed healthcare provider dedicated to serving the needs of the clinic in partnership with a designated employee of the school. We understand that IRHA will assist in the training and implementation of the rural school-based telehealth initiative and provide funding to support the cost of telehealth equipment and training if selected by the IRSCN Application Committee.

Thank you for your consideration of this request, as this partnership works to expand access to and improve the quality of essential healthcare services. If you should have any questions regarding this matter, please feel free to contact me at (phone number) or via e-mail at (e-mail address).

Sincerely,

Your name

Title