

Note for the applicant (this page is not part of the letter; delete it before the letter is sent)

This page helps you and your employer. Delete it once you have read it.

What to do

Give this template to your employer. They copy the letter onto their own letterhead, fill in every yellow field, and sign it. A stamp or seal is welcome where your organisation uses one. It is not required.

Who signs

A senior person who can speak for your organisation. If you head your institution, your board chair, a deputy, or the supervising authority can sign. For a regional bureau, that can be the ministry above it.

How to send it

A scan or a clear phone photo is enough. Upload it to Google Drive, OneDrive or Dropbox. Set sharing so that anyone with the link can view it. Paste the link in step 6 of the online application form. Check that the signature and date are easy to read.

Verification

ADHA may confirm the letter with the signatory by email or phone. Tell your signatory, and make sure section 5 has a contact that works.

Why it matters

The letter is required for every applicant, whoever pays for the seat. Reviewers read it when they score your likelihood of finishing the programme.

Hours

In step 6, the form also asks how many hours per month your employer releases you. Enter the same number as in section 3.

Money

This letter has no money in it. If your employer will pay for the seat, ADHA sends a separate seat funding confirmation after an offer is made.

Dates (planned)

Round 1 closes on Sunday 13 December 2026. Round 2 closes on Sunday 17 January 2027. Ask your employer early. The form is at <https://adha.edu.et/en/apply/fellowship>.

Date: [day month year]

To: ADHA Fellowship Programme, Africa Digital Health Academy (ADHA), info@adha.edu.et

Subject: Endorsement and release of [Full name] for the ADHA Digital Health & AI Leadership Fellowship, Cohort 01

Dear ADHA Fellowship team,

1. Employment

We confirm that [Full name] has worked at [Organisation] as [Job title] since [month and year]. This role includes responsibility for digital health or AI decisions, for example: [budget, strategy, procurement, regulation, data governance, implementation].

2. Endorsement of the application and the capstone challenge

We endorse this application. We know the capstone challenge that [Full name] proposes: [one sentence describing the challenge]. The challenge is anchored in [our organisation, or name the institution]. The person or unit that owns the decision is [name or unit].

For the capstone, our organisation agrees to:

- give reasonable access to relevant documents and to the people who own the decision;
- share no patient data and no protected health information.

We understand that the applicant redacts any confidential material we share before it goes into the capstone dossier, and that the applicant keeps the intellectual property of the capstone. We also understand that ADHA decides admission through its own selection process, and that this letter does not guarantee a seat.

3. Release of time

We will release [Full name] for [number] hours of working time per month during the 26 weeks of the programme.

We recommend 26 to 35 hours a month, which is 6 to 8 hours a week. These hours include one 90-minute live seminar each month. Seminars are recorded for anyone who cannot attend. After the programme, ADHA takes up to two weeks to decide the award. No release is needed in those two weeks. If the applicant uses the programme's one pause (up to 12 weeks), the release continues when the applicant rejoins. Cohort 01 is planned to start on Monday 1 March 2027.

4. Funding

Funding is not part of this letter. If [Organisation] will pay for the seat, ADHA will send a separate seat funding confirmation after an offer is made.

5. Signature

A senior person who can speak for our organisation signs this letter. If the applicant heads the institution, the board chair, a deputy, or the supervising authority (for example, the ministry above a regional bureau) may sign. ADHA may confirm this letter with the signatory by email or phone.

Name of signatory: _____

Job title: _____

Signature: _____ Date: _____

Official stamp or seal, where our organisation uses one: _____

Email or telephone for verification: _____

Direct supervisor, if different: name and job title: _____

Direct supervisor: signature and date: _____

Head of institution, if different: name and job title: _____

Head of institution: signature and date: _____