

**[Hospital or Medical Group Name]**

[Department Name]

[Street Address]

[City, State, Zip Code]

**[Date]**

**[Lending Institution Name]**

[Street Address]

[City, State, Zip Code]

**RE: Verification of Future Employment for [Physician Name]**

To Whom It May Concern,

This letter serves to confirm that **[Physician Name]** has accepted an offer for a permanent, full-time position as a **[Specialty/Title]** with **[Hospital/Medical Group Name]**.

The terms of the executed employment agreement are as follows:

- **Contract Execution Date:** [Date contract was signed]
- **Anticipated Start Date:** [Start Date]
- **Base Annual Salary:** \$[Amount]
- **Sign-on Bonus:** \$[Amount] (to be paid on [Date/Event])
- **Contract Term:** [Number] years

The employment contract is fully executed and is not subject to any further contingencies other than standard credentialing and hospital privileges, which are currently in progress. We look forward to [Physician Name] joining our medical staff on the date indicated above.

If you require any further documentation or verification, please contact our Human Resources department at [Phone Number] or [Email Address].

Sincerely,

[Signature]

**[Name of Authorized Official]**

[Title]

[Hospital/Medical Group Name]