

[Date]

[Provider Name]

[Provider Address]

[City, State, Zip Code]

Re: Confirmation of Locum Tenens Assignment

Dear [Provider Name],

This letter serves as formal confirmation of your upcoming locum tenens assignment. Please find the details of the engagement below:

- **Facility Name:** [Facility Name]
- **Facility Address:** [Street Address, City, State, Zip]
- **Assignment Start Date:** [Start Date]
- **Assignment End Date:** [End Date]
- **Department/Specialty:** [Specialty Area]
- **Shift Schedule:** [e.g., Monday-Friday, 8:00 AM - 5:00 PM]
- **On-Call Requirements:** [Specify if applicable]

**Compensation and Reimbursement:**

- **Daily/Hourly Rate:** \$[Amount]
- **Overtime Rate:** \$[Amount]
- **Travel Arrangements:** [Details regarding flights/mileage]
- **Housing/Lodging:** [Details regarding hotel or corporate housing]
- **Malpractice Insurance:** [Provided by Agency/Facility]

**Reporting Instructions:**

On your first day, please report to [Contact Person Name] at [Time]. You will undergo a brief orientation regarding facility protocols and Electronic Health Record (EHR) access.

Please sign and return a copy of this letter to acknowledge your acceptance of these terms.

Sincerely,

[Your Name]

[Your Title]

[Company/Agency Name]

**Accepted by:**

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[Provider Signature]

Date: \_\_\_\_\_