

Date: [Date]

To: [Provider Name, Credentials]

Address: [Provider Address]

Email: [Provider Email]

RE: Confirmation of Locum Tenens Assignment

Dear [Provider Name],

This letter serves as formal confirmation of your upcoming locum tenens assignment as an Advanced Practice Provider (APP). Please find the assignment details outlined below:

Facility Information

Facility Name: [Facility Name]

Department: [Department/Specialty]

Location: [City, State]

Assignment Dates

Start Date: [Start Date]

End Date: [End Date]

Shift Schedule: [Shift Times/Hours per Week]

Compensation and Reimbursement

Hourly Rate: \$[Rate] per hour

Overtime/Holiday Rate: \$[Rate] per hour

On-Call Rate: [Details, if applicable]

Travel/Housing: [Provided/Reimbursed/Not Applicable]

Malpractice Coverage: [Provided by Agency/Facility]

Key Requirements

- Current state license for [State]
- Active DEA registration
- Board Certification/Eligibility
- Completed facility credentialing and orientation

Please review these details carefully. If you agree to the terms of this assignment, please sign and return a copy of this letter by [Deadline Date].

We look forward to working with you.

Sincerely,

[Your Name]

[Your Title]

[Organization/Agency Name]

Provider Acceptance

I, [Provider Name], accept the assignment as outlined above.

Signature: _____ Date: _____