

[Date]

[Physician Name]
[Physician Address]
[City, State, Zip Code]

Re: Emergency Medicine Placement Confirmation

Dear Dr. [Physician Last Name],

This letter serves as formal confirmation of your Locum Tenens assignment at the following facility:

Facility Name: [Facility Name]
Department: Emergency Department
Facility Address: [Facility Address, City, State]

Assignment Details:

- **Start Date:** [Date]
- **End Date:** [Date]
- **Shift Times:** [e.g., 7:00 AM - 7:00 PM]
- **On-Call Requirements:** [Yes/No/Details]
- **Hourly Rate:** \$[Amount]

Logistics:

- **Housing:** [Details of Hotel or Apartment]
- **Transportation:** [Rental Car/Mileage Reimbursement Details]
- **Reporting Instructions:** Please report to [Contact Person Name] at [Location/Office] upon arrival for orientation.

Please ensure that all credentialing documentation and state licensure requirements are finalized prior to your first shift. If you have any immediate questions regarding this placement, please contact [Recruiter Name] at [Phone Number] or [Email].

We look forward to a successful rotation.

Sincerely,

[Your Name]
[Your Title]
[Agency Name]