

**Date:** [Date]

**To:** [Provider Full Name]

**Specialty:** [Provider Specialty]

**Address:** [Provider Address]

**Subject: Placement Confirmation - Inpatient Hospital Services**

Dear [Provider Name],

We are pleased to confirm your locum tenens placement at the following facility:

**Facility Name:** [Hospital Name]

**Department:** [e.g., Hospitalist / ICU / Pediatrics]

**Location:** [City, State]

**Assignment Details:**

- **Start Date:** [Date]
- **End Date:** [Date]
- **Shift Schedule:** [e.g., 7:00 AM to 7:00 PM]
- **Call Schedule:** [e.g., Night call required / No call]

**Administrative Requirements:**

- **Reporting Instructions:** Please report to [Point of Contact/Manager Name] at [Location/Office Number] upon arrival.
- **Credentialing Status:** [Confirmed / Pending final signatures]
- **EMR System:** [e.g., Epic / Cerner / Meditech]
- **Orientation:** [Date and Time of Orientation]

**Travel and Logistics:**

- **Housing:** [Hotel Name / Corporate Housing Details]
- **Transportation:** [Rental Car / Mileage Reimbursement Details]

If there are any changes to your availability or if you have questions regarding this assignment, please contact [Consultant Name] at [Phone Number] or [Email Address] immediately.

We look forward to a successful placement.

Sincerely,

[Your Name]

[Your Title]

[Company Name]