

Date: [Date]

To: [Facility Contact Name]

[Facility Name]

[Facility Address]

Subject: Assignment Confirmation for [Provider Name, Degree]

Dear [Facility Contact Name],

This letter serves as formal confirmation of the locum tenens assignment for [Provider Name] at [Facility Name].

Assignment Details:

- **Provider Name:** [Provider Name]
- **Specialty:** [Specialty]
- **Start Date:** [Start Date]
- **End Date:** [End Date]
- **Shift Schedule:** [e.g., Mon-Fri, 8:00 AM - 5:00 PM]
- **On-Call Requirements:** [Specify details or "None"]

Facility Location:

[Department/Building Name]

[Address]

[City, State, Zip Code]

Reporting Instructions:

On the first day of the assignment, the provider should report to [Contact Person Name] at [Time] for orientation and badging.

Credentialing and Compliance:

All required credentialing documentation, including primary source verification, state licensure, and immunization records, have been completed and provided to the medical staff office.

Please acknowledge receipt of this confirmation by signing below or replying to this email.

Sincerely,

[Your Name/Signature]

[Your Title]

[Agency Name]

[Phone Number]

[Email Address]

Facility Acknowledgment:

Signature: _____ Date: _____