

[Date]

[Provider Name]

[Provider Address]

[City, State, Zip Code]

Re: Assignment Schedule Confirmation

Dear [Provider Name],

This letter serves to confirm your upcoming locum tenens assignment at [Facility Name] located in [City, State].

Assignment Details:

- **Specialty:** [Specialty Name]
- **Start Date:** [Start Date]
- **End Date:** [End Date]
- **Shift Times:** [e.g., 8:00 AM to 5:00 PM]
- **On-Call Requirements:** [Specify or enter N/A]

Reporting Instructions:

On your first day, please report to [Department/Location] at [Time]. You will meet with [Contact Person Name] for orientation and to receive your facility credentials.

Logistics:

- **Housing:** [Details regarding hotel or apartment]
- **Transportation:** [Details regarding rental car or mileage reimbursement]
- **EMR System:** [Name of software system]

Please review these details and notify us immediately if there are any discrepancies. We look forward to your arrival and your contribution to our clinical team.

Sincerely,

[Your Name]

[Your Title]

[Facility or Agency Name]

[Phone Number]

[Email Address]