

[Date]

[Provider Full Name]

[Provider Address]

[City, State, Zip Code]

**Subject: Confirmation of Long-Term Locum Tenens Placement**

Dear [Provider Name],

This letter serves as formal confirmation of your long-term locum tenens placement at [Facility Name]. We are pleased to have you join the medical staff for this extended duration.

**Placement Details:**

- **Facility Location:** [Full Address of Facility]
- **Department/Specialty:** [Specific Department]
- **Start Date:** [Start Date]
- **End Date:** [End Date/Tentative End Date]
- **Shift Schedule:** [e.g., Monday-Friday, 8:00 AM - 5:00 PM]
- **On-Call Requirements:** [Specify details or "None"]

**Compensation and Benefits:**

- **Daily/Hourly Rate:** \$[Amount]
- **Overtime Rate:** \$[Amount] (if applicable)
- **Housing:** [Details regarding provided housing or stipend]
- **Transportation:** [Details regarding airfare, rental car, or mileage]
- **Malpractice Coverage:** [Provided by Agency/Facility Name]

**Reporting Instructions:**

On your first day, please report to [Point of Contact Name/Office] at [Time] for orientation and system access setup. Please ensure you have your government-issued identification and any remaining credentialing documents ready for verification.

Please sign and return a copy of this letter to acknowledge your acceptance of these terms. We look forward to a successful partnership.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Phone Number]

[Email Address]

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**Provider Acceptance:**

I, [Provider Name], accept the long-term placement terms as outlined above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_