

[Date]

[Provider Name]

[Provider Address]

[City, State, Zip Code]

Subject: Confirmation of Locum Tenens Assignment

Dear [Provider Name],

This letter serves as formal confirmation of your locum tenens placement at [Clinic Name] as coordinated by [Agency Name]. Please find the assignment details below:

- **Facility Name:** [Clinic Name]
- **Department:** [Outpatient Department/Specialty]
- **Clinic Address:** [Clinic Street Address, City, State, Zip]
- **Start Date:** [Start Date]
- **End Date:** [End Date]
- **Shift Schedule:** [e.g., Monday-Friday, 8:00 AM - 5:00 PM]
- **Reporting Supervisor:** [Name of Clinical Director or Manager]

Assignment Specifics:

- **Patient Volume:** Approximately [Number] patients per day.
- **EMR System:** [Name of Electronic Medical Record software].
- **Scope of Work:** Routine outpatient consultations, follow-ups, and [specific procedures if applicable].

Logistics:

- **Parking:** [Instructions for parking].
- **Orientation:** Scheduled for [Date/Time] at [Location].
- **Credentialing:** All primary source verifications have been completed and approved.

Please review these details carefully. If you have any questions regarding your arrival or the clinical workflow, please contact [Point of Contact Name] at [Phone Number] or [Email Address].

We look forward to your arrival and thank you for your service to our patient community.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]