

[Date]

[Provider Name]

[Provider Address]

[City, State, Zip Code]

**Subject: Confirmation of Short-Term Locum Tenens Assignment**

Dear [Provider Name],

This letter serves as formal confirmation of your short-term locum tenens placement at [Facility Name]. Please find the details of your assignment below:

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

**Compensation and Reimbursement:**

- **Hourly/Daily Rate:** \$[Amount]
- **Overtime Rate:** \$[Amount] (if applicable)
- **Travel/Housing:** [Details regarding airfare, rental car, or hotel arrangements]
- **Malpractice Insurance:** [Details of coverage provided]

**Reporting Instructions:**

Upon arrival on your first day, please report to [Contact Person Name/Title] at [Specific Location/Office]. Please ensure you bring a valid government-issued ID and any necessary credentialing documents.

If you have any questions regarding this placement, please contact [Coordinator Name] at [Phone Number] or [Email Address].

We look forward to your contribution to our team.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]