

Date: [Date]

To: [Physician Name]

Specialty: [Medical Specialty]

Address: [Physician Address]

Locum Tenens Placement Confirmation

Dear [Physician Name],

This letter serves as formal confirmation of your locum tenens assignment. Please find the placement details below:

Facility Details:

- **Facility Name:** [Facility Name]
- **Department:** [Department Name]
- **Location:** [City, State]
- **Facility Contact:** [Contact Person Name and Phone]

Assignment Schedule:

- **Start Date:** [Start Date]
- **End Date:** [End Date]
- **Shift Hours:** [e.g., 8:00 AM - 5:00 PM]
- **Call Schedule:** [Details of On-Call Requirements]

Compensation and Logistics:

- **Daily/Hourly Rate:** [Rate Amount]
- **Overtime/Holiday Rate:** [Rate Amount]
- **Travel Arrangements:** [Flight/Car Rental Details]
- **Lodging:** [Hotel Name and Address]

Clinical Responsibilities:

[Brief description of duties, e.g., inpatient rounding, outpatient clinic, surgical procedures].

Please ensure that all credentialing documents and state license verifications are finalized prior to the start date. If you have any questions regarding this placement, please contact your consultant at [Agency Phone Number] or [Agency Email].

We look forward to a successful assignment.

Sincerely,

[Your Name]
[Your Title]
[Agency Name]