

[Date]

[Provider Name]

[Provider Address]

[City, State, Zip Code]

**Subject: Confirmation of Locum Tenens Assignment**

Dear [Provider Name],

This letter serves to formally confirm your Locum Tenens assignment as arranged through [Agency Name]. Please find the details of your placement below:

- **Facility Name:** [Healthcare Facility Name]
- **Facility Location:** [City, State]
- **Department/Specialty:** [Specialty Area]
- **Start Date:** [Start Date]
- **End Date:** [End Date]
- **Shift Schedule:** [e.g., Mon-Fri, 8:00 AM - 5:00 PM]
- **On-Call Requirements:** [Specify details or "None"]

**Financial Terms:**

- **Professional Hourly Rate:** \$[Amount]
- **Overtime/Holiday Rate:** \$[Amount]
- **Daily/Night Call Rate:** \$[Amount]

**Logistics and Expenses:**

[Agency/Facility] will be responsible for the following according to the signed agreement:

- Travel arrangements (Airfare/Mileage)
- Lodging and accommodations
- Malpractice insurance coverage
- Credentialing and licensing assistance

Please report to [Supervisor/Point of Contact Name] at [Time] on your first day for orientation. You can reach them at [Phone Number/Email].

Please acknowledge your receipt and acceptance of this confirmation by signing below and returning a copy to [Agency Email].

Sincerely,

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

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**Provider Acceptance:**

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