

[Date]

[Provider Name]  
[Provider Address]  
[City, State, Zip Code]

Subject: Approval of Short-Term Locum Tenens Renewal

Dear [Provider Name],

This letter serves as formal notification that your request for a renewal of your short-term locum tenens assignment at [Facility Name] has been approved.

The details of the extension are as follows:

- **Original End Date:** [Original Date]
- **New Extension Period:** [Start Date] to [End Date]
- **Department/Specialty:** [Department Name]
- **Approved Hours/Shift:** [Shift Details]

All terms and conditions outlined in your original agreement remain in effect during this extension period. Please ensure that all credentialing documents and insurance coverages remain valid through the new end date.

Please sign below to acknowledge your acceptance of this renewal and return a copy to the Medical Staff Office by [Due Date].

Sincerely,

[Your Name]  
[Your Title]  
[Facility/Organization Name]

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**Provider Acceptance:**

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