

# Medical Internship Acceptance Letter

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to inform you that you have been accepted into the medical internship program at [Institution/Organization Name]. Your impressive application and dedication to the field of medicine truly stood out among a competitive group of candidates.

Your internship is scheduled to begin on [Start Date] and will conclude on [End Date]. During this period, you will have the opportunity to work alongside our exceptional medical team, gaining valuable hands-on experience in various departments.

Please confirm your acceptance of this internship by [Response Deadline]. Additionally, we will provide further details regarding orientation, program expectations, and any necessary paperwork in the coming weeks.

We are excited to welcome you to our team and look forward to your contributions during your internship!

Sincerely,

[Your Name]

[Your Position]

[Institution/Organization Name]

[Contact Information]