

Medical Internship Placement Confirmation

Date: [Insert Date]

To: [Intern's Name]

[Intern's Address]

[City, State, Zip Code]

Dear [Intern's Name],

We are pleased to inform you that you have been selected for a medical internship at [Hospital/Institution's Name]. Your internship will commence on [Start Date] and conclude on [End Date].

During your time with us, you will have the opportunity to work alongside experienced professionals, gain hands-on experience, and enhance your medical knowledge.

Please confirm your acceptance of this placement by [Response Deadline]. Should you have any questions, feel free to contact us at [Contact Information].

We are excited to welcome you to our team!

Sincerely,

[Your Name]

[Your Title]

[Hospital/Institution's Name]

[Contact Information]