

# Letter of Acceptance for Residency Program

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Program Director's Name]

[Residency Program Name]

[Hospital/Institution Name]

[Address]

[City, State, Zip Code]

Dear [Program Director's Name],

I am writing to formally accept the offer of placement in the [Residency Program Name] at [Hospital/Institution Name]. I am thrilled to join your esteemed program and look forward to contributing to the team while furthering my medical education.

As discussed, I will commence my residency on [Start Date]. Please let me know if there are any documents or further information you require prior to my start date.

Thank you once again for this incredible opportunity. I am excited about what lies ahead!

Sincerely,

[Your Name]

[Your Medical School] Class of [Graduation Year]