

Internship Details at [Hospital Name]

Date: [Insert Date]

Dear [Intern's Name],

We are pleased to inform you that you have been accepted for an internship at [Hospital Name]. Below are the details of your internship:

Internship Position:

[Position Title]

Duration:

[Start Date] to [End Date]

Department:

[Department Name]

Supervisor:

[Supervisor's Name, Title]

Working Hours:

[Working Hours, e.g., Monday to Friday, 9 AM to 5 PM]

Compensation:

[Paid/Unpaid]

Please confirm your acceptance of this internship by [Response Deadline Date]. If you have any questions, feel free to reach out to us at [Contact Information].

We are excited to have you join our team and look forward to your contributions.

Sincerely,

[Your Name]

[Your Title]

[Hospital Name]
[Contact Information]