

# Observership Confirmation Letter

Date: [Insert Date]

[Student's Name]  
[Student's Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[Hospital's Name]  
[Department]  
[Hospital's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally confirm my observership at [Hospital's Name] in the [specific department] from [start date] to [end date]. I am very much looking forward to this opportunity to expand my understanding of [specific field or specialty] and gain practical insights into patient care.

Thank you for this valuable opportunity. I am eager to learn from the experienced professionals at [Hospital's Name]. Please let me know if there are any forms or additional paperwork you require prior to my arrival.

Sincerely,

[Student's Name]  
[Student ID or Program]  
[Institution's Name]