

Residency Program Offer Acceptance

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Program Director's Name]

[Residency Program Name]

[Hospital/Institution Name]

[Hospital/Institution Address]

[City, State, Zip Code]

Dear Dr. [Program Director's Last Name],

I am writing to formally accept the offer for the [specific specialty] residency position at [Hospital/Institution Name]. I am thrilled to have the opportunity to train under your esteemed program and contribute to the team.

Thank you for this incredible opportunity. I look forward to starting my residency on [start date] and am eager to become a part of the [Program Name] family.

Warmest regards,

[Your Name]

[Your Medical School] Class of [Graduation Year]