

Residency Program Offer Acceptance

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 to join the [Residency Program Name] at [Hospital/Institution Name]. I am very excited about the opportunity to be a part of such a esteemed program.

I confirm my start date as [Insert Start Date]. Please let me know if there are any further steps I need to complete prior to my arrival.

Thank you once again for this incredible opportunity. I look forward to contributing to the team and growing through this experience.

Sincerely,

[Your Name]