

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Program Director's Name]

[Family Medicine Residency Program]

[Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Program Director's Name],

I am writing to formally accept the offer to join the Family Medicine Residency Program at [Institution's Name]. I am honored to be selected and am excited about the opportunity to train with such an esteemed program.

Thank you for your guidance throughout the application process. I look forward to contributing to the program and learning from the exceptional faculty and my peers.

I confirm my acceptance of the position starting on [Start Date]. Please let me know if there are any documents or further steps required from my side.

Thank you once again for this incredible opportunity.

Sincerely,

[Your Name]