

Residency Program Offer Acceptance

Date: [Insert Date]

[Your Full Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

Program Director

[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 [Name of Residency Program] at [Hospital/Institution Name] for the upcoming residency year starting [Start Date]. I am truly honored to have been selected for this prestigious program.

I am fully committed to participating actively in all aspects of the residency, contributing to both patient care and the learning environment at [Hospital/Institution Name]. I look forward to working closely with the esteemed faculty and my fellow residents.

Thank you once again for this incredible opportunity. Please let me know if there are any further steps I need to complete before my start date.

Sincerely,

[Your Full Name]