

# 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 your offer for the Surgical Specialty Residency Program at [Hospital/Institution Name]. I am grateful for this opportunity and excited to begin my training.

Thank you for your support throughout the application process. I look forward to contributing to and learning from the esteemed faculty and my fellow residents.

I confirm my acceptance by [Insert Acceptance Deadline] and will complete any necessary paperwork as required.

Thank you once again for this incredible opportunity.

Sincerely,

[Your Name]