

# Acceptance of Industrial Training Offer

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Healthcare Institution Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally accept the offer for the industrial training program in healthcare practicum at [Healthcare Institution Name]. I am grateful for this opportunity and excited to contribute to your esteemed institution while enhancing my skills.

As discussed, I will commence my training on [Start Date] and will adhere to the agreed schedule and guidelines. I look forward to working with the team and learning from the professionals at [Healthcare Institution Name].

Thank you once again for this opportunity. Please let me know if you require any further information or documentation from my side.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Student ID (if applicable)]