

Medical Fellowship Professional Acceptance

Dear Dr. [Program Director's Name],

I am pleased to formally accept the fellowship position in [Medical Specialty] at [Hospital/Medical Center] beginning [Start Date]. This opportunity represents a significant step in my medical career, and I am committed to excellence in both clinical practice and academic pursuits.

I acknowledge receipt of the fellowship terms, including the salary of \$[Amount], benefits package, rotation schedule, and academic requirements. I confirm my availability for the full [Duration] fellowship period and understand the expectations for patient care, research participation, and educational activities.

I am particularly excited about the opportunity to work with your distinguished faculty and contribute to the ongoing research initiatives in [Specific Area]. I will ensure all pre-fellowship requirements, including medical licensing, credentialing, and mandatory training modules, are completed before my start date.

Please provide information regarding orientation schedules, housing assistance, and any additional documentation needed for my transition. I am eager to begin this transformative experience and contribute to the excellent reputation of your program.

With sincere appreciation,

[Your Name], MD

[Medical License Number]

[Phone Number]

[Email Address]

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