

(Date)

(Name, Credentials)

(Address)

Dear Dr. (Name):

\*\*Add in any additional department-specific information as needed

We are delighted to offer you a (residency/fellowship) position in the Department of (Department Name), Division of (Division Name, if applicable) at the Medical University of South Carolina (MUSC). This program is (duration of program) and based on information provided to us, you will be a (indicate PGY level) at an annual salary of (indicate salary) for the duration of your contract. You will begin your training (contract start date) and should conclude our training program on (indicate anticipated date of completion).

Please sign this offer letter and return to us at your earliest convenience. You can scan as a pdf and return to me via email at (Program Coordinator and/or Program Director email address).

Your enrollment in our program as a trainee will be contingent upon obtaining necessary medical licensure in South Carolina and completing all the requirements of our Graduate Medical Education (GME) Office. You may check their website at [www.musc.edu/gme](http://www.musc.edu/gme) to read the resident handbook for these requirements. Compensation will be appropriate for your level of training, as determined by the Graduate Medical Education Office at MUSC. We will stay in touch with you over the next several months. You will begin receiving information from Human Resources and the GME Office. Please let me or our Program Coordinator know if your contact information should change.

If you should have any questions, do not hesitate to contact us at any time. We look forward to ensuring a smooth transition for you into our training program. Congratulations and we look forward to you joining our program!

Sincerely,

(Program Director name and signature)

I accept the (name of training program) position at the Medical University of South Carolina

(sign)

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(Name/credentials of incoming resident/fellow)

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(Date)