



AUGUSTA UNIVERSITY

(Date)

(Resident's first & last name), (Degree)
(Resident's address)

RE: ACCEPTANCE LETTER

Dear Dr. *(Resident's last name)*,

I am happy to offer you a position as a PGY *(level)* Resident/Fellow in the *(Program Name)* at the Medical College of Georgia –Augusta University, Augusta, Georgia. The dates of training at this PGY level will be from *(contract date)*. Your acceptance into the Residency Program is contingent upon you meeting all Medical College of Georgia – AU's employment, departmental, institutional, ECFMG, and Georgia Board of Medical Examiners license requirements. This offer of employment may be withdrawn if you are unable to present satisfactory evidence of compliance with all such requirements prior to the initiation of your training.

Please confirm your acceptance of this position by signing below and returning to *(Program Name)* located at *(address of training program)*. Please make attention to the program coordinator *(Program Coordinator's name)*.

Sincerely,

(Name of Program Director), (Degree)
Residency Training Program Director
(Name of Training Program)

I hereby accept a position as a PGY *(level)* in the *(Program Name)* at the Medical College of Georgia – Augusta University, Augusta, Georgia. The training dates at this PGY level will be *(Contract Dates)*. I understand this offer is contingent upon MY completing all Medical College of Georgia – AU's employment, departmental, Institutional, ECFMG, and Georgia Board of medical Examiners license requirements for the Medical College of Georgia - AU by *(date)*.

(Resident's first & last name), (Degree)

Date