**OFFER LETTER TEMPLATE FOR TRAINEES IN ALLIED HEALTH TRAINING PROGRAMS**

* **Letter should be printed on program letterhead**
* ***Parts that are highlighted and italicized must be addressed to reflect the policies of the training program***
* **PLEASE edit and format appropriately!**

Dear Dr. \_\_\_\_\_\_\_\_:

On behalf of the Department of \_\_\_\_\_\_\_\_\_\_, I am pleased to offer you an appointment to the \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Training Program. The Program is a \_\_ year training program. Your initial 12-month appointment is from \_\_\_\_*\_\_\_\_\_ through \_\_\_\_\_\_* . Reappointment is based upon satisfactory completion of the prior year’s requirements. We anticipate the salary for the initial year of the appointment will be at least $\_\_\_\_\_\_\_\_\_\_; this amount is subject to final adjustment as budgets are approved. The annual amount of vacation time is *[2 – 4]* weeks.

You will be provided with a benefits package through the Johns Hopkins Medicine, which includes individual medical and dental insurance and access to healthcare. Spouses and dependent children may be voluntarily enrolled through the JHM medical insurance plan.  *The additional insurance costs for your spouse and dependent children will be your responsibility.* –OR- *We will also provide two-party or family medical insurance coverage.*

It is the policy of Johns Hopkins Medicine to require criminal background investigations on prospective interns, residents and clinical fellows in any Graduate Clinical Education program sponsored by Johns Hopkins.

This offer is contingent upon a satisfactory report from your criminal background investigation and the review and approval of your credentials by Johns Hopkins Medicine and the Johns Hopkins Hospital *[or the Johns Hopkins Bayview Medical Center or Sibley Memorial Hospital or Suburban Hospital or Howard County General Hospital]*.

For all non-U.S. citizens, the offer of a trainee appointment is also contingent on being granted appropriate visa status. This appointment, like all employment at Johns Hopkins, is contingent on demonstration of authorization to be employed in the United States.

Policies related to Clinical Fellows can be found on the Graduate Clinical Education website: [Office of Graduate Clinical Education (hopkinsmedicine.org)](https://www.hopkinsmedicine.org/office-graduate-clinical-education/index.html)

**If you choose to accept this position, please sign this letter below.** You should retain a copy of this letter for your records.

I must receive your signed acceptance no later than \_\_\_\_\_\_\_\_\_\_\_\_; after that date this offer may be withdrawn so that I can offer the position to another candidate. You will receive the application to begin the credentialing process in a separate mailing. You will also receive an email directly from Universal Background Screening with a dedicated link for you to enter information and sign a Disclosure/Authorization form. You will receive formal appointment letters and benefits information after credentialing is completed.

The faculty is looking forward to your joining the department and to working with you to make your clinical experiences here worthwhile, exciting, and productive.

Sincerely,

(Name)

Training Director

I accept this appointment to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Program beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

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Signature Date