

State of \_\_\_\_\_

## PHYSICIAN LETTER OF INTENT TO HIRE

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\_\_\_\_\_ [Healthcare Entity Representative Name]  
\_\_\_\_\_ [Healthcare Entity Title]  
\_\_\_\_\_ [Healthcare Entity Name]  
\_\_\_\_\_ [Healthcare Entity Address]  
\_\_\_\_\_ [City, State, Zip Code]  
\_\_\_\_\_ [Date]

\_\_\_\_\_ [Candidate Name]  
\_\_\_\_\_ [Candidate Address]  
\_\_\_\_\_ [City, State, Zip Code]

Dear \_\_\_\_\_ [Candidate Name],

I am delighted to extend to you our intent to hire you as a \_\_\_\_\_ [Job Title] at \_\_\_\_\_ [Healthcare Entity Name], located at \_\_\_\_\_ [Healthcare Entity Address]. This letter outlines the proposed terms of your potential employment, pending a formal employment agreement.

We are offering you the position with the following terms:

- Position: \_\_\_\_\_
- Start Date: \_\_\_\_\_
- Compensation:
  - Base Salary: \$ \_\_\_\_\_  per hour  per week  per month  per year
  - Additional Compensation. (Check all that apply)
    - You shall be entitled to commission on the following basis:  
\_\_\_\_\_  
\_\_\_\_\_.
    - You shall also be entitled to additional compensation for services rendered under this Agreement on the following basis:  
\_\_\_\_\_  
\_\_\_\_\_.
- Work Schedule. (Check one)  Full-time  Part-time  Other: \_\_\_\_\_

(If applicable) This offer is contingent upon the successful completion of a background check and verification of your professional licensure.

**1. Job Description** . In this role, your responsibilities will include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



These responsibilities reflect the typical tasks associated with your role and may be adjusted based on our business needs and your professional development.

**2. Termination of Employment.** (Check one)

Fixed Term. Your employment under this Agreement shall begin on \_\_\_\_\_, 20\_\_ and will terminate on \_\_\_\_\_, 20\_\_.

At Will. Your employment under this Agreement shall begin on \_\_\_\_\_, 20\_\_ and be for an unspecified term on at "at will" basis.

(If applicable) Your initial employment period will include a probation period of \_\_\_\_\_ [Duration in months or weeks], starting from your first day of work. This period is intended to allow both you and \_\_\_\_\_ [Candidate Name] to assess suitability for the role.

**5. Benefits.** Subject to any qualifying conditions, you may also be eligible for the following benefits:

- **Paid Time Off.** You shall be entitled to paid time off: (Check one)

- in the amount of \_\_\_\_\_ days per year.
- as required by state and local laws.

- **Sick Leave.** You shall be entitled to paid sick leave of up to \_\_\_\_\_ days per year.

- **Personal Leave.** (Check one)  You shall be entitled to paid personal leave of up to \_\_\_\_\_ days per year.

- **Other.** (Enter any other benefits)

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Please note that specific details and eligibility requirements regarding benefits will be provided in the formal employment agreement.

**6. Work Location.** Your primary place of work will be at our premises located at \_\_\_\_\_ [Healthcare Entity/Work Location Address]. Your regular hours of work will be: (Check one)  \_\_\_\_\_ [Start Time] to \_\_\_\_\_ [End Time], \_\_\_\_\_ [Days of the Week]  of hours of general work availability.

**7. Additional Terms.**

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This letter of intent does not constitute a contract of employment but is an indication of our intent to formalize an employment relationship with you. Should you accept this offer, a formal employment agreement will follow for your review and signature.

We look forward to the possibility of you joining our team and are excited about the potential contributions you can make to our organization. Please feel free to contact \_\_\_\_\_ [Healthcare Entity]



Representative Name] at \_\_\_\_\_ [Representative Phone Number] or  
\_\_\_\_\_ [Representative Email] should you have any questions or require further  
information.

Sincerely,

\_\_\_\_\_ [Healthcare Entity Representative Name]  
\_\_\_\_\_ [Representative Title]  
\_\_\_\_\_ [Healthcare Entity Name]

