
Confirmation for Internship Training

Re:

Name of Hospital/Institution: _____

Director: _____

Location: _____

Please signify your receipt and confirmation of this letter by a check mark on the appropriate box and signing on the space below above your handwritten name. Kindly send us a copy by fax and the original by mail.

Accepted:

Rejected:

(Signature)

(Signature)

(Date)

(Date)