**Confirmation Letter**

To Whom It May Concern

This is to certify that Dr. [Full Name], M.D. (Date of Birth: [DD Month YYYY],) has been accepted to join the [Department / Division], [Institution / University Name], as a [Clinical Fellow / Research Fellow / Visiting Scholar].

Dr. [Full Name] will engage in clinical training and/or research activities in the field of [specialty / subspecialty] under my supervision. The planned fellowship period is from [Start Month, Year] to [End Month, Year].

Based on Dr. [Full Name]’s professional background and academic achievements, I am confident that this experience will further enhance his/her clinical and research expertise and contribute to international collaboration.

Should you require additional information or verification, please feel free to contact us at [contact email].

Sincerely yours,

[Name of Responsible Professor / Supervisor]
[Title/Position], [Department]

[Institution Name]

[Signature]

[Date]