***Disclaimer****: This Agreement is a template only intended to assist physicians when completing a probation period for an employee. This Agreement does not and is not intended to deal with the various legal, professional and business issues relevant to a group practice and should not be taken as legal advice.*

[Enter Date]

ATTN: [Employee Name]
[Employee Email]

**PRIVATE & CONFIDENTIAL**

Re: Successful Completion of Probationary Period – [POSITION TITLE]

[Employee Name],

As you are aware, your employment with the [Name of Clinic] was subject to a

[3 or 6] ‐month probationary period, with a completion date of [Enter Date].

I am pleased to confirm that you have successfully completed this probationary period and your employment with the [Name of Clinic] is now classified as permanent full‐time. Congratulations and thank you for a job well done!

Best regards,

[Manager/Physician Name]

[Manager/Physician Title]

[Add Signature]