

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

Kaiser Permanente
[Department/Contact Name if known]
[Address]
[City, State, ZIP Code]

Dear [Department/Contact Name or "Kaiser Permanente Team"],
I am writing to express my interest in participating in the Kaiser Permanente network as a [your profession, e.g., healthcare provider, specialist, etc.]. With [number] years of experience in [your field], I believe my expertise aligns well with the values and mission of Kaiser Permanente.

I am particularly impressed by [mention any specific program, initiative, or aspect of Kaiser Permanente that attracts you], and I am eager to contribute to your efforts to provide high-quality, accessible healthcare.

Enclosed are my credentials, including my [mention any relevant certifications, licenses, etc.]. I would appreciate the opportunity to discuss this further and explore how I can contribute to the Kaiser Permanente network.

Thank you for considering my request. I look forward to your response.

Sincerely,

[Your Name]
[Your Title/Position if applicable]