

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to express my interest in applying for the QHC program as a physician. With [number] years of experience in [medical specialty], I am eager to contribute to the quality of healthcare and to further my professional development.

Throughout my career, I have demonstrated a commitment to [mention any relevant experience or skills, such as patient care, research, or community service]. I believe that the QHC program aligns with my goals of [mention specific goals related to quality healthcare].

I am particularly drawn to [specific aspect of the QHC program], as I believe it will enhance my ability to [explain how it relates to your career].

Thank you for considering my application. I look forward to the opportunity to discuss how my experiences and goals align with the objectives of the QHC program.

Sincerely,

[Your Name]
[Your Credentials]