

New Appointee FPPE Letter – SAMPLE

Date

[New Appointee's Name]
[Medical Practice or Hospital Name]
[Street Address]
[City, ST ZIP Code]

RE: The exercise of your provisionally granted privileges granted at *[insert name of facility]*.

Dear [New Appointee's Name]:

Congratulations on your appointment to the medical staff of *[insert name of facility]*!

To exercise privileges granted to newly appointed members of the medical staff, a focused professional practice evaluation (FPPE) is required. This is a time-limited evaluation that may include proctoring, medical record reviews, clinical practice pattern monitoring, and consultation with peers, colleagues and others regarding your performance. Please contact your department chairperson/chief (noted below) to obtain the details of the required FPPE and to make the necessary arrangements. These arrangements must be made prior to practicing of any privileges.

Sincerely,

Manager Medical Staff Services

[Name of Facility]

cc:
[Dept Chair/Chief Name]
[Medical Practice or Hospital Name]
[Street Address]
[City, ST ZIP Code]
[Phone]

COPYRIGHTED

This document is a work product of Coverys' Risk Management Department. This information is intended to provide general guidelines for risk management. It is not intended and should not be construed as legal or medical advice. Your organization should add to and modify this tool to address the compliance standards and regulations applicable in your state or organization.

The links included in this document are being provided as a convenience and for informational purposes only; they are not intended and should not be construed as legal or medical advice. Coverys Risk Management bears no responsibility for the accuracy, legality or content of the external site or for that of subsequent links. Contact the external site for answers to questions regarding its content.

Updated: January 2019