

New Appointee FPPE Status Letter – SAMPLE

Date

[Dept. Chair/Chief Name]
[Medical Practice or Hospital Name]
[Street Address]
[City, State Zip Code]

RE: The status of the focused professional practice evaluation (FPPE) for:

[Appointee's Name]
[Medical Practice or Hospital Name]
[Street Address]
[City, State Zip Code]
[Phone]

CC: VPMA/Chief of Staff

Dear [Dept. Chair/Chief Name]:

We are at the midway point for the FPPE for *[insert appointee's name]*.

Within the next two weeks, please provide all documentation that has been generated or gathered pertaining to the exercise of this practitioner's privileges.

Sincerely,

Manager Medical Staff Services

[Name of facility]

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1

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Updated: January 2019