

New Privileges FPPE Letter – SAMPLE

Date

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

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

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

Dear [Appointee's Name]:

Congratulations on the granting of your new privileges!

A focused professional practice evaluation (FPPE) is required upon the exercise of any new privileges granted to members of the medical staff. Please contact your department chair/chief (copied below) to obtain details of the required FPPE and to make necessary arrangements.

This must be done prior to practicing the newly granted privileges.

Sincerely,

Manager Medical Staff Services

[Name of facility]

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