

New Privileges FPPE Request for Information Letter – SAMPLE

Date

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

RE: FPPE details of the new privileges granted to:

[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]:

Please provide the duration and details of the focused professional practice evaluation (FPPE) regarding the new privileges which have been granted. Details should include the name of the new privilege granted, the type of evaluation (proctoring, concurrent, or retrospective case review, etc.), and the duration of the FPPE.

Please provide the information requested on the attached worksheet and return the completed worksheet to the medical staff services office within two weeks.

Sincerely,

Manager Medical Staff Services

[Name of facility]

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