

## Notification of Reappointment and Renewal of Privileges Letter – SAMPLE

Dear Dr. \_\_\_\_\_

I am pleased to inform you that upon recommendation of the Medical Staff Executive Committee, the *[insert formal name of governing body]* of *[insert facility name]* approved your reappointment to the medical staff on *[insert date]*, with *[insert type of membership]* staff membership and privileges in *[insert name of department]*.

Your current reappointment and clinical privileges will expire on *[insert date]*.

Members in the active and associate staff membership categories are required to perform “sufficient patient care services” each year. Sufficient patient care services are measured by the number of patient contacts personally performed by you each year. This serves as one measure for evaluating your professional skills. For your convenience, I have enclosed the department criteria to be fulfilled by physicians seeking reappointment. Also enclosed is a current list of the ongoing professional practice evaluation (OPPE) indicators for your specialty.

This reappointment is subject to all of the terms and conditions of your initial appointment and previous reappointment (if applicable) and to the bylaws, rules and regulations, and policies of the hospital and medical staff that are in force during the term of your reappointment.

Please accept my congratulations on your reappointment and feel free to visit with me in my office about any problems or suggestions that you may have regarding the hospital.

Sincerely,

President/CEO

Enclosures: Patient contact criteria  
OPPE Indicators for \_\_\_\_\_ (insert specialty)

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Updated: January 2019