



SAMPLE HOSPITAL PRIVILEGE LETTER

Official Hospital Letterhead
Philadelphia General Hospital
Street Address
City State Zip Code

October 1, XXXX (**Letters must be dated within the last three months**)

The American Board of Plastic Surgery, Inc.
1601 Market Street, Suite 900
Philadelphia, PA 19103-2204

To whom it may concern:

Jane N. Doe, M.D. was granted **active inpatient admitting privileges in plastic surgery** at **Philadelphia General Hospital** on **July 1, XXXX**. Dr. Doe is due for reappointment on **June 30, XXXX**.

Sincerely,

Medical Staff Director
(**must include a signature – digital signature is acceptable**)

All candidates for examination must hold active inpatient admitting privileges in plastic surgery.

The areas of this sample letter that are noted in bold are the critical data elements that MUST be provided on ALL hospital privilege letters.

Reapplication Material Sample Hospital Privilege Letter – effective 2-2024