

**ABFAS SAMPLE HOSPITAL/SURGICAL CENTER
PRIVILEGE LETTER
Required for Candidates Seeking
ABFAS Board Certification and MOC**

This letter is a **sample only** and may be used as reference when requesting your appointment letter. The items listed are the critical data elements that **MUST** be provided on all privilege letters. Contact ABFAS at info@abfas.org or 415-553-7800 if you have questions.

Please submit proof of privileges before you take your Part II or MOC (Recertification or SAE) examinations. Submit documentation to: privileges@abfas.org

Thank you.

(Official Hospital/Surgical Center Letterhead)
Hospital/Surgical Center Name
Street Address
City, State/Province, Postal Code

_____ (date)
(must be currently dated, within three months of submission to ABFAS, or include dates of appointment below)

American Board of Foot and Ankle Surgery
445 Fillmore Street
San Francisco, CA 94117

To Whom It May Concern:

_____, DPM, was granted the following hospital privileges in podiatric foot and ankle surgery at _____ (hospital/surgical center name) on _____ (appointment date):

<u>Category</u>	<u>Type</u>
<input type="checkbox"/> Active	<input type="checkbox"/> Foot Surgery
<input type="checkbox"/> Courtesy	<input type="checkbox"/> Foot and Rearfoot/Ankle Surgery
<input type="checkbox"/> Consulting	
<input type="checkbox"/> Provisional	
<input type="checkbox"/> Non-Surgical	
<input type="checkbox"/> Other _____	(describe)

Dr. _____ is due for reappointment on _____ (reappointment date).

Sincerely,

Medical Staff Director or Credentialing Coordinator
(Signature Required)