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

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Submit on 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:

(Full Name), DPM, was granted the following hospital privileges in podiatric foot and ankle surgery at (Hospital/Surgical Center Name) on *(appointment date)*:

Category (*select one*)

- Active
- Courtesy
- Consulting
- Provisional
- Non-Surgical
- Other *(describe)*

Type (*select one*)

- Only Foot Surgery
- Foot and Rearfoot/Ankle Surgery

Dr. (Last Name) is due for reappointment on *(reappointment date)*.

Sincerely,

Medical Staff Director or Credentialing Coordinator
(Full Printed Name and Signature Required)