

**SAMPLE HOSPITAL PRIVILEGE LETTER**  
**Required with MOC-PS® Examination Reply Form**

**(Official Hospital Letterhead)**

**Philadelphia General Hospital**

**Street Address**

**City, State Zip Code**

**December 1, 2017** *(must be currently dated, within three months of submission to the Board, or include dates of appointment below)*

The American Board of Plastic Surgery, Inc.  
1635 Market Street  
Suite 400  
Philadelphia, PA 19103-2204

OR

Jane N. Doe, M.D.  
Street Address  
City, State Zip Code

To whom it may concern:

Jane N. Doe, M.D. was granted full, admitting hospital staff privileges in **plastic surgery** at Philadelphia General Hospital on **October 1, 2016**. Dr. Doe is due for reappointment on **October 1, 2018**.

Sincerely,

Medical Staff Director or Credentialing Coordinator  
**(Must include signature)**

**This letter is a sample only and may be used as reference when requesting your appointment letter. The items in bold and underlined are the critical data elements that MUST be provided on all hospital privilege letters. Contact the Board Office at [staff@abplasticsurgery.org](mailto:staff@abplasticsurgery.org) if you have any questions.**

**The MOC-PS® Reply Form deadline is January 16, 2018.**

**Thank you.**