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| **Figure 3.17** | **Notice of Receipt of Complete Application** |
| [Date]  Dear [Name]:  For physicians: We have received your application to provide services at [Hospital name] as a physician in the [specialty/subspecialty/discipline of ].  For APPs: We have received your application to provide services at [Hospital name] as a practitioner in the [specialty/subspecialty/discipline of ], employed by [name of employed/supervising physician].  Initial review of your application shows that the information provided is adequate for us to begin the process of verifying your credentials. This process normally takes [60–90] days and must be completed before your application can be forwarded to our medical staff for consideration. If additional information or clarification is required, or if we encounter difficulty in verifying the information provided, you will be notified.  Thank you for your interest in [Hospital name]. If you have any questions regarding the application process or its status, please do not hesitate to contact us.  Sincerely,  [Name and title]  [Telephone number and email address] | |