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| **Figure 4.3** | **Request for Verification of Clinical Privileges Training** |
| [Date]  [Director of Residency Program] [Address]  Re: [Applicant’s name]  [Dates of residency training or affiliation]  Dear [Residency Director/Department Chair/Other]:  The purpose of this letter is to request your assistance concerning the above-named applicant’s request for certain clinical privileges on our medical staff at [Hospital name].  The applicant has requested clinical privileges in the following areas of clinical practice:   1. [Name applicable area of practice] 2. [Name applicable area of practice] 3. [Name applicable area of practice]   Dr. [Name] has indicated that [he/she] received specific, extensive training and experience in the performance of these procedures or treatment of [these illnesses] while in your residency program.  Additionally, this applicant indicated that [he/she] performed the clinical privileges on the attached request form or treated patients for [name disease/condition] approximately [n] times during the last year of the resi- dency program.  In order for our credentials committee to appropriately evaluate his/her clinical capabilities in these areas, we request your candid assessment of this applicant’s current clinical competency.  Please take a moment to respond to the following statements concerning Dr. [Name]. | |

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| **Figure 4.3** | **Request for Verification of Clinical Privileges Training (cont.)** |
| 1. This applicant completed this residency program.   Yes No   1. This applicant is well-known to me personally.   Yes No   1. While in this residency program, this applicant did receive extensive training in the performance or treatment of the procedures or illnesses identified above.   Yes No   1. Based upon my observation of this applicant’s performance, I personally believe that he/she is currently competent in the areas identified above.   Yes No   1. I am comfortable recommending that your board permit this applicant to perform the procedures listed on the attached privilege form.   Yes No    Signature and title  Date  Thank you in advance for assisting our credentials committee in this important activity. If you would like to discuss this letter with me personally, please do not hesitate to contact me at [telephone number].  Sincerely,  [Name, title] | |