

(Date)

Medical Staff Department
South Nassau Communities Hospital
One Healthy Way
Oceanside, NY 11572

Re: Request of Application – Medical Staff Privileges

Dear (Please see SNCH Chair Contact List),

This letter is to request an application for privileges to South Nassau Communities Hospital, Department of (Indicate departmental specialty).

Additional components you may wish to add to the letter:

- Area of expertise or specialty you plan to bring to the hospital, including procedures or medical equipment/technology
- Current office location
- If your group or medical practice affiliates are currently on the SNCH medical staff, please provide name(s) of individual physician(s) and/or group

Attached please find a copy of my CV. (*Time frames listed on C.V. should be as specific as possible - month/year to month/year. Any inactivity between training and employment should be accounted for.*) In addition, my contact information is provided below:

- Name
- Title
- Practice Name
- Address
- Phone #:
- Fax #:
- Email address

Thank you in advance for your considerations.

Sincerely,

(Signature)