**Template Letter of Confirmation of Change in Hospital Appointment**

[Date]

Dr. [Name of Clinical Department Chair]

[Name of Clinical Department]

Address 1

Address 2

Dear Dr. [Name of Clinical Department Chair]:

RE: [Name of Appointee]:

Dr. [Name of Appointee] is/was appointed at [Hospital Name] as a [Hospital Appointment Category: Active, Associate, Courtesy, etc.], with a simultaneous University appointment as a [choose one: full-time clinical, part-time clinical, adjunct clinical].

Option A: Change in Practice Location

Dr [Name of Appointee] has joined [Hospital/Clinic Name] as a [Hospital Appointment Category: Active, Associate, Courtesy, etc.], effective [start date].

*If applicable:* Dr. [Name of Appointee] is now a member of the Division/Department of [Division/Department Name] practice plan at [Hospital/Clinic Name].

Option B: Change of Hospital Appointment Category

Dr. [Name of Appointee]’s Hospital Appointment Category has changed/will change to [state new Hospital Appointment Category: Active, Associate, Courtesy, etc.], effective [state date].

Option C: Termination of Hospital Appointment

Dr. [Name of Appointee]’s hospital appointment has ended, effective [start date].

If further information is required for the purposes of confirming the appropriateness of the faculty member’s current category of academic appointment, please do not hesitate to contact me.

Sincerely,

<Signature, Chief of the Hospital Department>

Cc: VP, Medicine