

AFFILIATE PHYSICIAN TEMPLATE LETTER

Lee Goldman, M.D.
Vice President of Health and Biomedical Sciences
Dean of the Faculties of Health Sciences and Medicine

Dear Dr. Goldman,

We are requesting approval for the appointment of _____ as an Affiliate Physician in the Department of _____, effective _____.

Dr. _____ will be part of the Columbia Affiliated Physicians under the IPA of the Faculty Practice Office. Dr. _____ is in good standing and will maintain an affiliation with Columbia University and the Department of _____ via the FPO*.

Sincerely,

Chair, Department of _____

***This request for a faculty appointment does not and will not include a request for hospital appointment or clinical privileges at the New York Presbyterian Hospital. Were a request to be made for hospital appointment or clinical privileges, a new nomination letter and completed Affiliate Physician Faculty Practice Agreement will be provided.**

APPROVED:

Steven Shea, M.D.
Senior Vice Dean
College of Physicians and Surgeons
Columbia University Medical Center

Date