File number: J23/

Chair, Allied Health Credentialing and Defining Scope of Clinical Practice Committee

Office of the Chief Allied Health Practitioner

Metro North Hospital and Health Service

Level 14, Block 7, RBWH Campus

HERSTON QLD 4029

Dear <Insert name of Chair of Committee>

**Re: <Insert applicant name> – appeal of decision re credentialing and defined scope of clinical practice application for** **practice as a/an** **<insert allied health profession> at <insert facility(ies)>.**

I have been advised that my application as an external allied health professional for credentialing has been <rejected / granted limited scope (describe the conditions you are appealing).

I would like to formally appeal this decision based on the following reasons:

* <insert reason & attach evidence if applicable>
* <insert reason & attach evidence if applicable>
* <insert reason & attach evidence if applicable>

Please do not hesitate to contact me on the number provided should you require any further information.

Yours sincerely

**Name**

Position

<Insert Facility/Service>

<Insert Phone Number>

/ / 2023