File number: J23/

Chair, Health Practitioner 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: Request for an unscheduled review of credentialing and defined scope of clinical practice for:** **<insert name of credentialed external allied health practitioner> practicing as a/an** **<insert allied health profession> at <insert facility(ies)>**

I would like to request an unscheduled review of the above-mentioned clinician based on the following concerns regarding risks to patient safety:

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

Please feel free to contact me if you require any further information.

Yours sincerely

**Name**

Position

<Insert Facility/Service>

<Insert Phone Number>

 / / 2023