

[Official Institution Letterhead]



**Date Effective:** MM/DD/YYYY

**Type of Policy:** Please indicate if this document is hospital policy or ACHD program policy/clinical guideline.

Misty Sharpe  
Accreditation Manager  
Adult Congenital Heart Association

RE: ACHA Accreditation Letter from Division Chief

Dear Ms. Sharpe,

Please let this letter serve as official documentation that Dr. [insert name here] is the Director of the Adult Congenital Heart Program at [insert institution name]. [Please briefly describe their history with the institution's ACHD Program and include if they are ACHD Board Certified. Please also describe their role within the program].

[Division Chief's Signature]

Signature must be the actual signature – scanned signature will not be approved.

[Name of Division Chief]

[Division Chief of (Institution)]

[Institution Name]