

[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.

Cortney Faust
Accreditation Manager
Adult Congenital Heart Association

RE: ACHA Accreditation Letter from Division Chief

Dear Ms. Faust,

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]

Helpful Tips

Please upload any documentation or examples of the above policy to the "additional files" section of your application.

Section B: Medical Program Director. These documents should be labeled with "**B2**" only in the title so that each policy/plan can be easily identified.