[Insert Date]

California Department of Public Health
Centralized Applications Branch
P.O. Box 997377, MS 3207
Sacramento, CA 95899-7377

To Whom It May Concern:

On behalf of [Insert Facility Name], please see attached application materials to accompany completed HS 215A Form for our Medical Director, [Insert Medical Directors Name].

* Completed CDPH Form HS 215A
* Our Medical Director’s Résumé
* Letter documentation from the American Board of Post-Acute and Long Term Care Medicine (ABPLM) confirming certification status.

Please contact me if you have any questions about the submission.

Sincerely,

[Insert Administrator’s Name]

[Insert Facility Name]

[Insert phone / email address]