

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally apply for the Qualified Health Center (QHC) designation for my practice, [Your Practice Name]. As a dedicated healthcare practitioner with [X years] of experience, I am committed to providing high-quality, accessible healthcare services to [specific patient population or community].

In my practice, I focus on [briefly outline your specialization or services offered]. I believe that becoming recognized as a QHC will enhance our ability to deliver comprehensive care and support to our community, particularly in areas where healthcare access is limited.

[Outline any relevant experience, certifications, or community involvement that supports your application.]

We strive for excellence in patient care and believe that our alignment with the QHC standards will allow us to expand our services and outreach.

Thank you for considering my application. I look forward to the opportunity to contribute to the mission of improving health outcomes in our community as a Qualified Health Center.

Sincerely,

[Your Name]
[Your Practice Name]
[Your Position]