

# – SAMPLE LETTER –

## Specific Training in Basic Perioperative TEE (Requirement 4) (Practice Experience Pathway)

### XYZ Hospital

123 Main Street • New York, NY 54321 • (212) 123-5432

*Date*

National Board of Echocardiography, Inc.  
3915 Beryl Rd. Suite 130  
Raleigh, NC 27607-5609

RE:     *Applicant's Full Name*  
          *Applicant's Date of Birth*

To Whom It May Concern:

#### REQUIREMENT 4

This letter is to confirm that Dr.     *(Applicant's name)*     is an anesthesiologist practicing in our hospital. Our records indicate that     *(he/she)*     performed and interpreted the number of basic perioperative transesophageal echocardiograms per year as follows:

2021	2022	2023	2024
###	###	###	###

I certify that the numbers of studies provided above are exact numbers and are not rounded and/or estimates.

Sincerely,

*(Original signature required)*

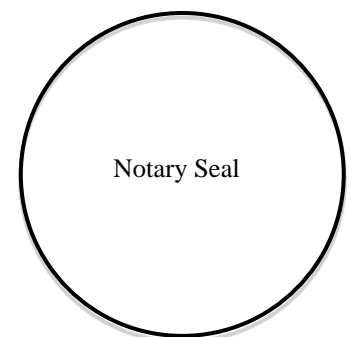
*Typed name*

*Title (Director of Cardiothoracic Anesthesiology, Cardiothoracic Surgery,  
Medical Director of the Echocardiography Laboratory, President, CEO, etc.)*

Sworn and subscribed to before me on *(date)*:

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Notary Public*



**NOTE: The EXACT number of studies performed and interpreted MUST be provided. Letters documenting training MUST be on appropriate letterhead and MUST be notarized. Committee decisions will be determined using the numbers provided in this letter.**

**Note: The numbers provided must be in parallel, consecutive years but need not be calendar years. The end of the most recent year for which credit is required must fall within the 12 months prior to the receipt of the complete application. If documenting fiscal years, exact dates are required. For example MM/DD/YYYY-MM/DD/YYYY.**