

**Sample Letter**  
**For Physicians Who Are Less Than 3-years out of Training**

**ABC Hospital**  
**123 Main Street, New York, NY 54321 (212) 555-5432**

*Date*

National Board of Echocardiography, Inc.  
1500 Sunday Drive, Suite 102  
Raleigh, NC 27607

RE:     *Physician's Full Name:*  
          *Physician's Date of Birth:*  
          *ACGME Program Number:*

To Whom It May Concern:

**Requirement 4:**

This letter serves to confirm that Dr. \_\_\_\_\_ successfully completed a minimum of 24 months of clinical cardiology training at our institution between \_\_\_\_\_ and \_\_\_\_\_ including completion of Level II echocardiography training and at least 6 months of specific training in the Echocardiography laboratory. This letter further confirms that this program is an accredited ACGME training program or other nationally accredited cardiovascular disease training program.

**Requirement 5:**

Our laboratory records indicate that \_\_\_\_\_ performed and interpreted echoes during training as follows:

Transthoracic Echoes (2-D and Doppler) Performed \_\_\_\_\_  
Transthoracic Echoes (2-D and Doppler) Interpreted \_\_\_\_\_  
Transesophageal Echoes Performed and Interpreted \_\_\_\_\_  
Stress Echoes Participated In and Interpreted \_\_\_\_\_

In my opinion Dr. \_\_\_\_\_ has the clinical competence and professional qualities necessary to perform as an independent echocardiographer.

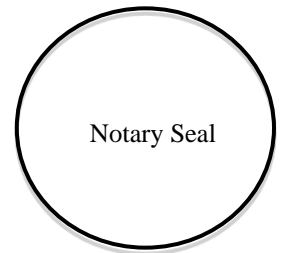
I certify that the number of studies provided above are exact numbers and are not rounded and/or estimates.  
*(Please check box.)*

Sincerely,

*(signature)*

*Name*

Title (Division or Department Head or Fellowship Training Director)



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

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

**\* NOTE: For the purpose of Certification, a study performed and/or interpreted may be counted only once and must be counted under the code that it was billed. Example: Even though a full TTE is performed as part of a Stress Echo with only a single bill being submitted (93350), the study must be counted as a Stress Echo and cannot be counted as both a TTE and a Stress.**

**The EXACT number of studies performed and interpreted MUST be provided. Applications containing approximated and/or rounded numbers will no longer be reviewed by the Certification Committee. Letters documenting training must be on appropriate letterhead and MUST be notarized.**