– SAMPLE LETTER –

Advanced PTE Certification Practice Experience Pathway (Requirement 4)

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

Date letter was written (MM/DD/YYYY)

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. [Applicants Full Name] is currently credentialed and in good standing at [Hospital Name]. Dr. [Last Name] has been granted privileges to practice as a Cardiac Anesthesiologist at our institution.

Dr. [Applicants Last Name] has met all requirements for credentialing and has been approved by the Medical Staff and Credentials Committee to provide anesthesia services in the field of cardiac anesthesia. Their privileges remain active and without restriction as of the date of this letter.

If you require additional information regarding Dr. [Applicants Last Name]'s credentials or scope of privileges, please feel free to contact our Medical Staff Office at [phone number] or [email address].

Sincerely,

(Original signature required)
Typed name
Title (Director of the Intensive Care Unit, Chief of Service of the Division or Department of Critical Care, or the Chair of the Department that staffs the intensive care unit, etc.)

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

_____

Signature of Notary Public

NOTE: The number of hours MUST be provided. Letters documenting training MUST be on appropriate letterhead and MUST be notarized. The numbers provided must be in parallel, concurrent years but need not be calendar years. The end of the most recent year for which credit is requested must fall within the 12 months prior to receipt of the complete application. When documenting in a calendar or fiscal year, number of hours are required. For example, MM/DD/YYYY - MM/DD/YYYY. Committee decisions will be determined using the numbers provided in this letter.