

– SAMPLE LETTER –

Recertification Perioperative Transesophageal Echocardiography (Requirement 4)

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 confirms that Dr. __ (Applicant's name) __ is a physician practicing in our hospital.

Our records indicate that __ (Applicant's name) __ performed and interpreted the number of perioperative transesophageal echocardiograms per year as follows:

2020	2021	2022
###	###	###

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

Sincerely,

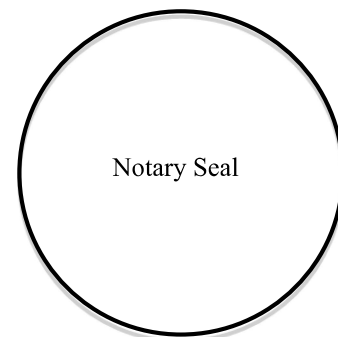
(Original signature required)

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 typed on appropriate letterhead and MUST be notarized. The numbers provided must be in parallel, concurrent years but need not be calendar years. If using fiscal years, exact dates are required. 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. Committee decisions will be determined using the numbers provided in this letter.