

ACGME Letter of Good Standing Sample Letter

ABC Hospital

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

Date

National Board of Echocardiography, Inc.
3739 National Drive, Suite 202
Raleigh, NC 27612

RE: *Physician's Full Name:*
Physician's Date of Birth:
Physician's Social Security Number (last 4 digits): optional
ACGME Program Number:

To Whom It May Concern:

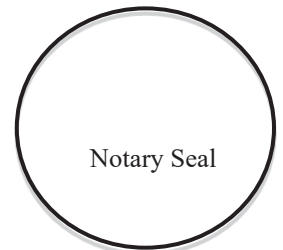
This letter serves to confirm that Dr. _____ is a current fellow in good standing in
(Program) _____ at (Facility/School) _____.
Dr. _____ began his employment/training on (date) _____ and
his/her anticipation date of completion is (date) _____.

Sincerely,

(original signature-electronic signatures will not be accepted)

Name Printed

Title (Division or Department Head or Fellowship Training Director)



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

Signature of Notary Public