

## Sample Letter

**For physicians who completed fellowship PRIOR to July 1, 2009, and are in private practice or who completed training after June 30, 2009, and waited more than 3 years to take the examination**

### ABC Practice

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

*Date*

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

To Whom It May Concern:

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

This letter serves to confirm that Dr. (Applicant's name) is a practicing cardiologist in private practice. Our records indicate that (he/she) has performed and interpreted echoes as follows:

	Yr. 1 (2020)	Yr. 2 (2021)	Yr. 3 (2022)
Transthoracic (93303-93308)*	####	####	####
Transesophageal (93312-93317)*		####	####
Stress Echo (93350 - 93351)*		####	####

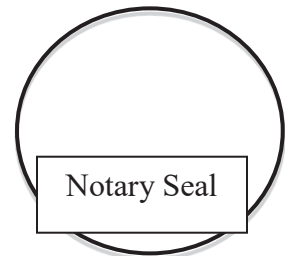
I certify that the number of studies provided above are exact numbers and are not rounded and/or estimates.  
(Please check box.)

Sincerely,

*(Original signature required)*

*Typed name*

Title (President, CEO, or Business Manager)



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 (93350-93351), 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. Committee decisions will be determined using the numbers provided in this letter. 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.**

**NOTE: The numbers provided must be in parallel, consecutive years but need not be calendar years. If using a fiscal year, exact dates are required. For example: MM/DD/YYYY-MM/DD/YYYY. 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.**