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 | |
|---|---|
| 3915 B | al Board of Echocardiography, Inc. Beryl Rd. Suite 130 h, NC 27607-5609 |
| RE: | Applicant's Full Name: Applicant's Date of Birth: ACGME Program Number: |
| To Wh | om It May Concern: |
| This let months date - N specific | tter serves to confirm that Dr(Applicant's name) successfully completed a minimum of 24 s of clinical cardiology training at our institution between(Start date - MM/DD/YYYY) and(End MM/DD/YYYY)_ including completion of Level II echocardiography training and at least 6 months of c training in the Echocardiography laboratory. This letter further confirms that this program is an accredited IE training program or other nationally accredited cardiovascular disease training program. |
| Our lab follows Transth Transth Transes | rement 5: poratory records indicate that(Applicant's name)_ performed and interpreted echoes during training as series: poracic Echoes (2-D and Doppler) Performed poracic Echoes (2-D and Doppler) Interpreted sophageal Echoes Performed and Interpreted Echoes Participated In and Interpreted |
| | opinion Dr(Applicant's name)_ has the clinical competence and professional qualities necessary to make an independent echocardiographer. |
| | tify that the number of studies provided above are exact numbers and are not rounded and/or tes. (<i>Please check box.</i>) |
| Sincere | ely, |
| Typed i | nal signature required) name Division or Department Head or Fellowship Training Director) Notary Seal |
| Sworn | and subscribed to before me on (date): |
| Signatı | ure 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.