

- SAMPLE LETTER -

**Critical Care Echocardiography Certification Practice Experience Pathway (Requirement 5 - TTE)**

Supervisors Name  
123 Main Street  
New York, NY 54321  
(212) 123-5432  
Email address

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

**REQUIREMENT 5**

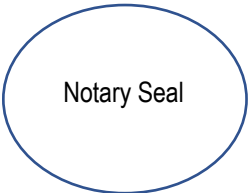
The records presented to me by Dr. (Applicant's Name) reflect that (he/she) has personally performed and interpreted (# of studies) complete critical care transthoracic echocardiograms, between (MM/DD/YYYY) and (MM/DD/YYYY). I have discussed with Dr. (Applicant's Name) his/her experiences regarding these cases and I have directly reviewed a subset of his/her cases recorded within his/her log.

I am familiar with the criteria proposed by the NBE as outlined in the definition of a critical care transthoracic echocardiogram\*. In my opinion Dr. (Applicant's name) has the clinical competence and professional qualities necessary to perform as a critical care echocardiographer.

The applicant has certified the number of studies provided above are exact numbers and are not rounded and/or estimates.

Sincerely,

*(Original signature required)*  
Type name  
(Diplomate of the ASCeXAM, CCEeXAM, Advanced PTE examination)



OR

Testamur of the ASCeXAM within the last ten years & who is also a recognized expert in the field of critical care echocardiography.)

Sworn and subscribed to before me on (date): \_\_\_\_\_

\_\_\_\_\_

Signature of Notary Public

NOTE: The EXACT number of studies performed & interpreted 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. If documenting fiscal years, exact dates are required. For example, MM/DD/YYYY - MM/DD/YYYY. Committee decisions will be determined using the numbers provided in this letter. **\*See page 5 for definition of a complete critical care transthoracic echocardiogram.**