

- SAMPLE LETTER -

Specific Training in Basic Perioperative TEE (Requirement 4) (Supervised Training Pathway)

Date

National Board of Echocardiography, Inc.
1500 Sunday Drive, Suite 102
Raleigh, NC 27607

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

To Whom It May Concern:

REQUIREMENT 4

This letter confirms that Dr. ____(*name*)____ successfully completed all aspects of training in basic perioperative TEE at our institution between ____(*beginning date*)____ and ____(*ending date*)____.

Our records indicate that __(*he/she*)__ had specific training in Basic Perioperative Transesophageal Echocardiography and personally performed and interpreted ____(*#*)____ basic intraoperative TEE examinations under appropriate supervision. In addition, __(*he/she*)__ studied under appropriate supervision, but did not perform ____(*#*)____ studies for a total of ____(*#*)____ complete basic perioperative TEE examinations. These studies include a wide spectrum of cardiac diagnoses.

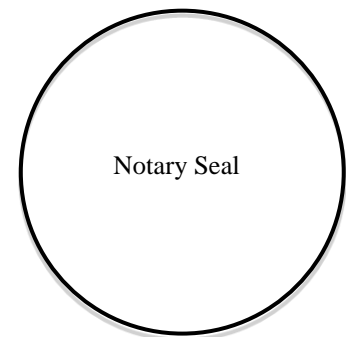
I certify that the number of studies provided above are exact numbers and are not rounded and/or estimates.

Sincerely,

(signature)
Name
Title (Residency Program Director, Fellowship Training Director, 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. Applications containing approximated and/or rounded numbers will no longer be reviewed by the Certification Committee. Letters MUST be on appropriate letterhead and MUST be notarized. Committee decisions will be determined using the numbers provided in this letter.