

# - SAMPLE LETTER -

## Recertification Perioperative Transesophageal Echocardiography (Requirement 4)

*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)*

To Whom It May Concern:

### **REQUIREMENT 4**

This letter confirms that Dr. \_\_\_\_\_ is a physician practicing in our hospital.

Our records indicate that \_\_\_\_\_ performed and interpreted the number of perioperative transesophageal echocardiograms per year as follows:

2014	2015	2016
###	###	###

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

Sincerely,

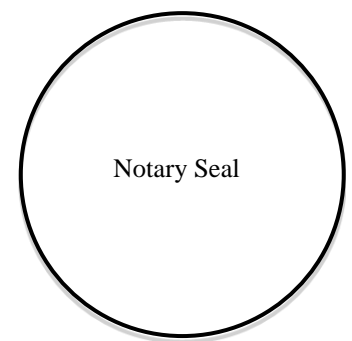
*(signature)*

*Name*

*Title (Director of Cardiothoracic Anesthesiology, Cardiothoracic Surgery,  
Medical Director of the Echocardiography Laboratory, President, CEO, 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. Letters documenting training MUST be typed on appropriate letterhead and MUST be notarized. The numbers provided must be in parallel, concurrent years but need not be calendar years. If using fiscal years, exact dates are required. 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. Committee decisions will be determined using the numbers provided in this letter.**