

# - SAMPLE LETTER -

## Advanced PTE Board Certification For Physicians who completed 12 month clinical fellowship dedicated to the perioperative care of surgical patients with cardiovascular disease (Requirements 4 and 5)

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 further confirms that Dr. \_\_\_\_(*name*)\_\_\_\_ successfully completed a minimum of 12 months of clinical fellowship training dedicated to the perioperative care of surgical patients with cardiovascular disease at our institution between \_\_\_\_(*beginning date*)\_\_\_\_ and \_\_\_\_(*ending date*)\_\_\_\_. This letter further confirms that fellowship training was obtained at an institution with an affiliation with an accredited core residency program.

### REQUIREMENT 5

Our records indicate that \_\_(*he/she*)\_\_ had specific training in Perioperative Transesophageal Echocardiography and personally performed, interpreted, and reported \_\_\_\_(*#*)\_\_\_\_ comprehensive intraoperative TEE examinations under appropriate supervision. In addition, \_\_(*he/she*)\_\_ studied under appropriate supervision, but did not perform \_\_\_\_(*#*)\_\_\_\_ studies for a total of \_\_\_\_(*#*)\_\_\_\_ complete intraoperative 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,

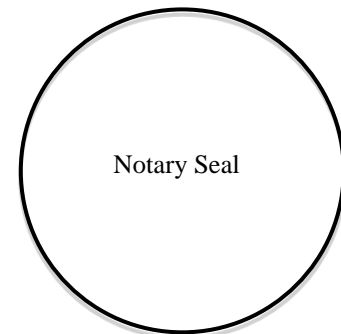
(*signature*)

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.**