

## Sample Letter

**For physicians who completed fellowship PRIOR to July 1, 2009,  
And work in a Hospital Setting or completed training after June 30, 2009, and waited  
more than 3 years to take the examination**

### XYZ Hospital

123 Main Street, New York, NY 54321 (212) 555-5432

Date

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

To Whom It May Concern:

RE: *Physician's Full Name*  
*Physician's Date of Birth*  
*Physician's Social Security Number*

This letter serves to confirm that Dr. \_\_\_\_\_ (name) is a practicing cardiologist working in our Echocardiography Lab. Our records indicate that (he/she) has performed and interpreted echoes as follows:

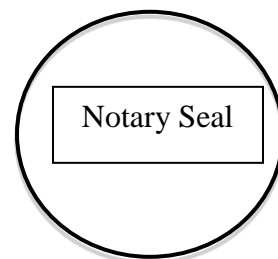
	Yr. 1 (2016)	Yr. 2 (2017)	Yr. 3 (2018)
Transthoracic (93303-93308)*	####	####	####
Transesophageal (93312-93317)*		####	####
Stress Echo (93350 - 93351)*		####	####

I certify that the number of studies provided above are exact numbers and are not rounded and/or estimates.  
(Please check box.)

Sincerely,

Name  
Title (Medical Director) \*\*

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



\_\_\_\_\_  
Signature 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. Committee decisions will be determined using the numbers provided in this letter. 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.

NOTE: The numbers provided must be in parallel, consecutive years but need not be calendar years. If using a fiscal year, exact numbers are required. For example: MM/DD/YY-MM/DD/YY. 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.

\*\* In the absence of a formal director of the echocardiography laboratory, the letter should be written by an appropriate supervising physician. If applicant is the Medical Director of the Echocardiography Laboratory, the letter should be from the Chief of Cardiology or the Chief of Staff of the Hospital.