

Sample Letter

For physicians who completed fellowship PRIOR to July 1, 2009, and are in private practice or who completed training after June 30, 2009, and waited more than 3 years to take the examination

**ABC Practice
456 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

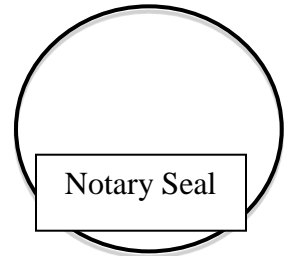
This letter serves to confirm that Dr. _____ (*name*) is a practicing cardiologist in private practice. Our records indicate that _____ (*he/she*) has performed and interpreted echoes as follows:

	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,

(signature)
Name
Title (President, CEO, or Business Manager)



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 dates 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.