

- SAMPLE LETTER -

Advanced PTE Board Certification Practice Experience Pathway (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

To Whom It May Concern:

REQUIREMENT 4

This letter serves to confirm that Dr. _____ (*name*)_____ is a physician practicing in our hospital. Our records indicate that ___(*he/she*)___ has ___(**#*)___ months of clinical experience dedicated to the perioperative care of surgical patients with cardiovascular disease between ___(*date of employment*)___ and ___(*end of employment or current date*)___.

Our records indicate that ___(*he/she*)___ personally delivered perioperative care to _____ patients with cardiovascular disease in 2017 and _____ patients with cardiovascular disease in 2018 .

REQUIREMENT 5

In addition our records indicate that ___(*he/she*)___ performed and interpreted the number of perioperative transesophageal echocardiograms per year as follows:

2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
###	###	###	###	###	###	###	###	###	###

I certify that the numbers of studies provided above are exact numbers and are not rounded and/or estimates and that at least 150 of the perioperative transesophageal echocardiograms performed and interpreted were intraoperative.

Sincerely,

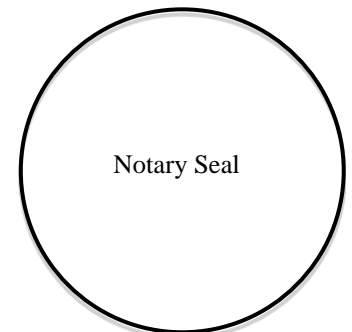
(*signature*)

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 on appropriate letterhead and MUST be notarized. The numbers provided must be in parallel, concurrent years but need not be calendar years. 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. If documenting fiscal years, exact dates are required. For example MM/DD/YY-MM/DD/YY. Committee decisions will be determined using the numbers provided in this letter.