

- 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.
3915 Beryl Rd. Suite 130
Raleigh, NC 27607-5609

RE: *Applicant's Full Name*
Applicant's Date of Birth
ACGME Program Number

To Whom It May Concern:

REQUIREMENT 4

This letter further confirms that Dr. ____(*Applicant's 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 - MM/DD/YYYY*)____ and ____(*ending date - MM/DD/YYYY*)____. 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,

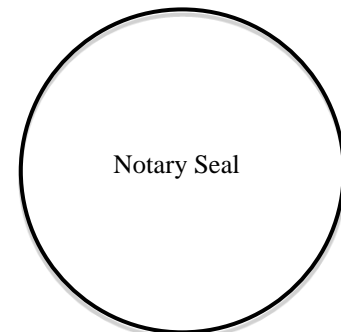
(Original signature required)

Typed 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.