

# - SAMPLE LETTER -

## Specific Training in Basic Perioperative TEE (Requirement 4)

### (Supervised Training Pathway)

*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 confirms that Dr. \_\_\_\_(*Applicant's name*)\_\_\_\_ successfully completed all aspects of training in basic perioperative TEE at our institution between \_\_\_\_(*beginning date - MM/DD/YYYY*)\_\_\_\_ and \_\_\_\_(*ending date - MM/DD/YYYY*)\_\_\_\_.

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

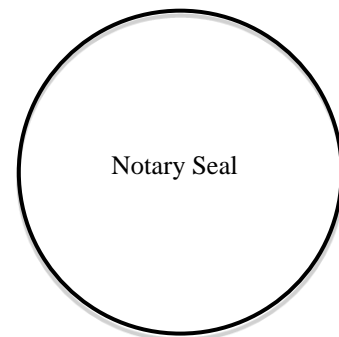
I certify that the number of studies provided above are exact numbers and are not rounded and/or estimates.

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.**