

– SAMPLE LETTER –

**Critical Care Echocardiography Certification for Physicians who completed one year of clinical fellowship dedicated to Critical Care Transthoracic (TTE) echocardiography (Requirements 4 and 5)**

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

Date letter was written (MM/DD/YYYY)

National Board of Echocardiography, Inc.®  
3739 National Drive, Suite 202  
Raleigh, NC 27612

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 a minimum of one year of specialized clinical training dedicated to the study of Adult Critical Care at our institution between \_\_ (MM/DD/YYYY) \_\_ and \_\_ (MM/DD/YYYY) \_\_. This letter further confirms that this program is an accredited ACGME training program or other nationally accredited critical care echocardiography training program.

**REQUIREMENT 5**

Our records indicate that Dr. \_\_ (Applicant's name) \_\_ had specific training in Critical Care Echocardiography and personally performed and interpreted \_\_\_\_ (# of cases) \_\_\_\_\_ complete critical care transthoracic echocardiograms under appropriate supervision.

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 (Fellowship Director, Program Director, or Chair of Critical Care program.)

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

\_\_\_\_\_  
Signature of Notary Public

NOTE: The EXACT number of studies performed and interpreted MUST be provided. Committee decisions will be determined using the numbers provided in this letter. If using a fiscal year, exact dates are required. For example, MM/DD/YYYY - MM/DD/YYYY. Letters MUST be typed on appropriate letterhead and MUST be notarized.