

# EMPLOYER – SAMPLE LETTER

(THIS IS A MANDATORY TEMPLATE CONTAINING ALL REQUIRED INFORMATION)

**MADE-UP UNIVERSITY HOSPITAL**

123 Main Street (1)

Any City, Any State

888-555-1212

This letter must be on employer letterhead and include the above information.

[Insert Current Date] (2)

American Registry for Diagnostic Medical Sonography (ARDMS)  
1401 Rockville Pike, Suite 600  
Rockville, MD 20852-1402

RE: [insert applicant's full name]

This is to verify that [insert applicant's full name] was employed as a [insert full-time or part-time] (3) sonographer for [insert name of employer] from [insert dates of employment – example April 1, 2011 through May 1, 2012] (4). [Insert applicant's name] has accumulated a total of [insert number of hours] hours of paid clinical ultrasound experience (3). [Insert applicant's name] performed [insert type of study(ies) performed – example abdominal scanning] under our supervision.

Sincerely,

[Insert original signature] (6)

[Insert first and last name with ARDMS number and/or physician license numbers] (7)

[Insert title – example Lead Sonographer, Physician]

[Insert email address]