

# Registered Phlebology Sonographer (RPhS)

## Sample Employment Verification Letter (Non-physicians)

- 1) Employer's original, official letterhead or stationery.
- 2) Indicate the date the letter was signed by employer/supervisor.
- 3) Indicate the name of the applicant.
- 4) Indicate full- or part-time employment.
- 5) Indicate the time period of employment.
- 6) Indicate the primary duties of applicant, related to the field of cardiovascular technology.
- 7) Original signature of direct supervisor, who must be an MD or hold an active RCCS, RCES, RCIS, RCS, RDCS, RDMS, RPhS, RVS or RVT credential.

**ABC Vein Clinic (1)**  
123 Main St. • San Diego, CA 92701 • (760) 555-1234

January 4, 2010 (2)

CCI  
1500 Sunday Drive  
Suite 102  
Raleigh, NC 27607

RE: Ms. Donna Jacobs (3)

This letter has been sent to verify that Ms. Donna Jacobs was employed for over two years full-time (4) in the ultrasound laboratory at ABC Vein Clinic. Ms. Jacobs was employed from July 1999 to August 2001. (5) Within this two-year time-frame Ms. Jacobs personally performed venous ultrasounds within our lab. (6) I am sending this letter in support and endorsement of Ms. Jacobs's application to sit for CCI's Phlebology Registry Exam.

Sincerely,  
*Janet Williams* (7)  
Janet Williams, RVS, RPhS  
Clinical Supervisor

## Sample Clinical Verification Letter (Physicians)

- 1) Clinical Site's original, official letterhead or stationery.
- 2) Indicate the date the letter was signed by the clinical supervisor.
- 3) Indicate the name of the applicant.
- 4) Indicate the number of venous ultrasound studies.
- 5) Indicate the time period during which the studies were performed.
- 6) Original signature of the lab director, supervising physician, office manager. (Physician in solo practice may sign off on their letter.)
- 7) Letter must be notarized.

**ABC Hospital (1)**  
123 Main St. • San Diego, CA 92701 • (760) 555-1234

January 4, 2010 (2)

CCI  
1500 Sunday Drive, Suite 102  
Raleigh, NC 27607

RE: Dr. Danielle Smith (3)

This letter has been sent to verify that our records indicate that Dr. Danielle Smith performed or directly supervised the following number of venous ultrasound studies over the previous two years:

Year (5)	Number of Studies (4)
2008	100
2009	150

Dr. Smith has been with ABC Vein Clinic since January 2005.  
 I certify that the number of studies provided above are exact numbers and are not rounded and/or estimates. (Please check box.)

Sincerely,  
*Janet Williams* (6)  
Janet Williams, RVS  
Lab Director

Sworn and subscribed to before me on (date): (7)

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

Notary Seal

## Sample Resident/Fellow Letter

- 1) Program's original, official letterhead or stationery.
- 2) Indicate the date the letter was signed
- 3) Indicate the name of the applicant.
- 4) Indicate the date or expected date of completion.
- 5) Indicate the program length, program specialty, the number of venous ultrasound studies performed and/or supervised during training.
- 6) Original signature of by Division or Department Head or Fellowship Training Director.
- 7) Letter must be notarized.

**Vein University Hospital (1)**  
1000 College Rd. • New York, NY 10001 • (212) 555-1234

January 4, 2010 (2)

CCI  
1500 Sunday Drive, Suite 102  
Raleigh, NC 27607

RE: Dr. Jane Thompson (3)

This letter serves to confirm that Dr. Thompson successfully completed fellowship training at our institution between the dates of January 1, 2007 and December 31, 2009. (4)

Our laboratory records indicate that Dr. Thompson performed and/or supervised a total of 230 venous ultrasound studies during training. (5)

I certify that the number of studies provided above are exact numbers and are not rounded and/or estimates. (Please check box.)

Sincerely,  
*John Jones* (3)  
John Jones, MD  
Director of Fellowship Training

Sworn and subscribed to before me on (date): (7)

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

Notary Seal