

- SAMPLE LETTER -

Recertification Perioperative Transesophageal Echocardiography (Requirement 4)

Date

National Board of Echocardiography, Inc.
1500 Sunday Drive, Suite 102
Raleigh, NC 27607

RE: *Physician's Full Name*
Physician's Date of Birth
Physician's Social Security Number (last 4 digits)

To Whom It May Concern:

REQUIREMENT 4

This letter confirms that Dr. _____ is a physician practicing in our hospital.

Our records indicate that _____ performed and interpreted the number of perioperative transesophageal echocardiograms per year as follows:

2013	2014	2015
###	###	###

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

Sincerely,

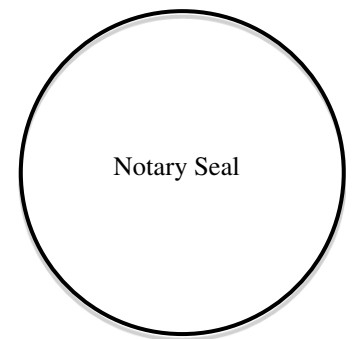
(signature)

Name

*Title (Director of Cardiothoracic Anesthesiology, Cardiothoracic Surgery,
Medical Director of the Echocardiography Laboratory, President, CEO, 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. Letters documenting training MUST be typed on appropriate letterhead and MUST be notarized. The numbers provided must be in parallel, concurrent years but need not be calendar years. The end of the most recent year for which credit is requested must fall within the 12 months prior to receipt of the complete application.