**This letter is required for all ABVM Vascular Medicine Applicants.**

***Formal Pathway Letters must be on Institution Letterhead, not practice letterhead.***

***Practice Pathway Letters must be on Practice Letterhead.***

This sample letter shall serve as documentation that the candidate has completed either formal training in vascular medicine (Formal Training Pathway) or has dedicated at least 50% of their practice to vascular medicine (Practice Training Pathway). Please select the appropriate letter below.

Date

To the Alliance for Physician Certification & Advancement (APCA) on behalf of the American Board of Vascular Medicine (ABVM):

Re: *Doctor’s name*

The applicant must meet all requirements in one category. Please select either: **Formal Training Pathway** or **Practice Training Pathway:**

FORMAL TRAINING PATHWAY

This letter is to attest to the training of Dr.\_\_\_\_\_\_\_\_\_\_ in vascular medicine and qualifications to take to the ABVM Vascular Medicine Board Examination under the Formal Training Pathway.

Dr. \_\_\_\_\_\_\_\_\_\_\_ has completed a residency/fellowship in \_\_\_\_\_\_\_\_\_\_\_\_\_(specialty) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ institution from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. During this time, he/she has completed formal vascular medicine training that meets level 3 of the COCATS-4 training document.

⃝ (*BY CHECKING*) I am attesting that this training included an appropriate experience in the following areas: vascular medicine consults, vascular laboratory, vascular surgery, peripheral angiography and intervention, advanced vascular imaging, and an outpatient vascular clinic experience.

PRACTICE TRAINING PATHWAY

This letter serves to confirm that Dr. \_\_\_\_\_\_has demonstrated a commitment to the practice of vascular medicine and qualifications to take to ABVM Vascular Medicine Board Examination under the Practice Training Pathway.

Dr. \_\_\_\_\_\_\_\_ has been associated with \_\_\_\_\_\_\_\_\_ institution since \_\_\_\_\_\_. He/She has demonstrated a commitment to vascular medicine through practice and has committed greater than 50% of practice to vascular medicine

In general, this candidate’s practice entails: (*CHECK ALL THAT APPLY*)

⃝ Vascular medicine clinical consultation

⃝ Noninvasive vascular laboratory test performance/interpretation

⃝ Endovascular peripheral intervention

⃝ Vascular medicine research

I have no reservations about recommending this applicant for the ABVM Vascular Medicine Examination. I am confident in the applicant’s ability to practice vascular medicine effectively. By signing this letter, I also certify that the applicant is currently in good standing in the medical community.

Sincerely,

Name of Physician

**Title of Physician**

**Acceptable signatures**: Program Director for Formal Pathway, and Chief of Staff **OR** Department Chairman for Practice Pathway—no exceptions. The title of the physician signing the letter must be underneath the signature. Letters must be signed by a physician. **If you are in a private practice/group setting, you cannot have “a partner” write a letter of attestation on your behalf.**