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Cardiovascular CT Training/Experience Verification Letter

COCATS Level 2 (3) or ACR Cardiac CT Practice Guidelines

TO: **Certification Board of Cardiovascular Computed Tomography** Date: _____

Name of Applicant: _____

Cardiovascular CT Training: CHOOSE ONE OF THE FOLLOWING:

○ **COCATS Guidelines for Training in Advanced Cardiovascular Imaging (Computed Tomography):**
Level 2 (or 3)
The above-named Applicant is board certified in Cardiology, Nuclear Medicine or Radiology and has completed Level 2 (or 3) training in accordance with the COCATS Guidelines in Advanced Cardiovascular Imaging (Computed Tomography).

Level 2 training includes a minimum of 250 contrast cardiac CT exams where the Applicant was physically present and involved in the acquisition and interpretation of at least 65 of the cases; AND the Applicant must evaluate at least 50 non-contrast studies (may be the same 250 contrast cases with an inital non-contrast study).
The Applicant started this training on (mm/dd/yyyy) _____
and completed it on_____ (mm/dd/yyyy).

○ **ACR Cardiac CT Practice Guidelines (Radiologist)**

The above-named Applicant has met the ACR CT practice guidelines by interpreting a minimum of 50 contrast cardiac CT exams (excluding those performed exclusively for calcium scoring); **AND** ○ has interpreted a minimum of 300 thoracic CT exams in the past 36 months (*if qualified in thoracic CT*); **OR** ○ has interpreted a minimum of 500 CT exams, including 50 thoracic CT in the past 36 months (*if not qualified in thoracic CT*). The cases interpreted to meet ACR CT practice guidelines were completed by the Applicant by (mm/dd/yyyy): _____.

○ **Testamur**

The above-named Applicant:
1) is in his/her Fellowship/Residency training; **OR**
2) *completed* fellowship/residency training within 24 months of applying for the CBCCT exam; **OR**
3) is currently in or will be starting prior to this year's application deadline an advanced cardiac imaging fellowship;

AND ○ has completed either Level 2 cardiac CT training **OR** ○ has met the ACR Practice Guidelines for training in cardiac CT within his/her Fellowship/Residency training program. The Applicant started this training on (Level 2 training or ACR Cardiac CT Practice Guidelines) on (mm/dd/yyyy): _____
and completed it on_____(mm/dd/yyyy).

Author's Name Printed: _____

Author's Title: _____
(e.g., Program Director, Supervisor, Training Director)

Professional Relationship to Applicant: _____

Email: _____ Phone: _____

☐ I confirm that the above information is true and accurate.

I attest that I am ☐ Level 2 **OR** ☐ Level 3 in accordance with the COCATS Guidelines for Training in Advanced Cardiovascular Imaging (CT) and/or I have met the American College of Radiology cardiac CT Practice Guidelines requirements.

Author's Signature _____