## Accredited Residency/Fellowship Program - Sample Letter

Use for PVI examination only. Not to be used for Prerequisites 4A1 and 4B1.

## (THIS IS A MANDATORY TEMPLATE CONTAINING ALL REQUIRED INFORMATION)

## MADE-UP HOSPITAL

123 Main Street

Any City, Any State, Zip Code

888-555-1212

\*Note: This letter must be on employer letterhead and include the above information.

[Insert Current Date]

Alliance for Physician Certification & Advancement™ (APCA™)

1401 Rockville Pike

Suite 600

Rockville, MD 20852-1401

This is to verify that Dr. [insert applicant's name] has attended (or is attending) a two-year [insert accreditation: ACGME, RCPSC or AOA, only] accredited [indicate fellowship or residency, including full program title] at [insert name of program/hospital] from [insert dates attended – example April 1, 2014 through May 1, 2016]. During this timeframe of training he/she had approximately [insert number of hours] hours of hands-on vascular laboratory experience, as well as an extensive didactic curriculum in vascular disease and noninvasive vascular testing, including [insert areas of study for example – pathophysiology and physical principles.].

Dr. [insert applicant's name] has had formal instruction in the performance and interpretation of vascular laboratory cases, including physiologic methods and duplex imaging. He/She has interpreted, under supervision, a minimum of [insert number of studies interpreted] cases\* which have been distributed over the major testing areas of [insert areas of study, for example – extracranial/intracranial cerebrovascular, transcranial Doppler, peripheral arterial physiologic/duplex, venous duplex, and visceral vascular duplex.] These cases were completed as part of the above-mentioned fellowship/residency.

For questions regarding this letter, please contact me at [insert phone number or email].

Sincerely,

[Insert original signature]

[Insert physicians first and last name with any credentials and credential/license numbers]

[Insert title – example Program Director]

[Insert email address]

*Note: A log of these cases must be maintained for at least three years following the date of	
application approval as case logs are subject to audit.	