

Accredited Residency/Fellowship Program With Simulation Cases - 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.

Of the stated total number of cases above, [insert number totaling no more than 100} cases are didactic or simulated cases that were presented and interpreted in a format that is equivalent to cases encountered in a clinical diagnostic setting. All didactic or simulated cases include the following features:

1. Indications and relevant clinical information are presented to the interpreting physician
2. Complete technical information for the examination should be provided, including images, cine loops, worksheets, and sonographer notes

3. The interpreting physician completes a final report in a format that meets IAC Vascular Testing Standards and Guidelines and is compliant with requirements for clinical documentation and billing
4. There is feedback from an educator or supervisor indicating that the interpretation met standards or what changes were required
5. The time to complete each simulated case interpretation should not be less than what would be required in a clinical diagnostic setting
6. Case details are available for audit by ARDMS to ensure that the above requirements are met

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.