

Date

To: Certification Board of Cardiovascular Magnetic Resonance

To Whom This May Concern:

I hold board certification from (name of country) in
the specialty of granted by
(name of Board) on
(mm/dd/yyyy).

OR

There is no board certification in
(name of country) in the specialty of ,
however, I completed training that meets national training requirements for
independent specialist practice and I hold national registration as a
specialist, granted on (mm/dd/yyyy).

I confirm that the above information is true and accurate.

Applicant Signature:

Applicant Name:

Applicant Email: