

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/yy).

**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/yy).

I confirm that the above information is true and accurate.

Applicant Signature:

Applicant Name:

Applicant Email: