

Cardiovascular CT Training 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:

ACCF/AHA COCATS Guidelines for Training in Advanced Cardiovascular Imaging (Computed Tomography): Level 2 (or 3)

The above-named Applicant is board certified/eligible in Cardiology, Nuclear Medicine or Radiology and has completed Level 2 (or 3) training in accordance with the American College of Cardiology Foundation/American Heart Association (ACCF/AHA) COCATS Guidelines in Advanced Cardiovascular Imaging (Computed Tomography).

Level 2 training includes a minimum of 150 contrast cardiac CT exams where the Applicant was physically present and involved in the acquisition and interpretation of at least 50 of the cases; AND the Applicant must evaluate at least 50 non-contrast studies (may be the same 150 contrast cases with an initial non-contrast study). The Applicant started this training on (mm/dd/yy) and completed it on (mm/dd/yy).

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/yy): .

Fellow/Resident (Testamur)

The above-named Applicant:

- 1) is in his/her *penultimate* year of Fellowship/Residency training and will be in his/her final year at the time of the CBCCT exam; **OR**
- 2) is in his/her *final* year of training; **OR**
- 3) *completed* fellowship/residency training within 12 months of applying for the CBCCT exam; **OR**
- 4) 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/yy): and completed it on (mm/dd/yy).

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 3 in accordance with the ACCF/AHA 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