

(Once form is complete, please print on employer letterhead, sign at the bottom, give to applicant, and have him or her upload to their account at APCA.org/MYAPCA.)

RMSK In Practice Letter – Documenting Clinical Experience

Alliance for Physician Certification & Advancement (APCA)
1401 Rockville Pike, Suite 600
Rockville, MD 20852 -1401



RE:

This is to verify that _____ was employed as a _____
_____ for _____ from
_____. He/she has performed and/or authorized
diagnosis of a minimum of 150 cases* from _____
in the areas of:

Type of Study	# of each type of study
Abdominal Wall	
Ankle and Foot	
Chest Wall	
Elbow	
Hand and Wrist	
Hip and Groin	
Knee	
Shoulder	
Total # of MSK ultrasound studies	

Note: While all types of studies are not required to meet the eligibility criteria, they will all be covered on the examination.

I certify that no more than 8 of the above noted cases are labeled as therapeutic (injection or aspiration). I also verify these cases were completed on actual patients in a clinical diagnostic** setting. Simulation is not acceptable for this purpose.

For questions regarding this letter please contact me at _____.

Sincerely,

_____ <- Handwritten Signature

- * 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.
- ** Clinical diagnostic settings include hospitals, clinics and private practices. ARDMS/APCA does not accept volunteer, instructorship, unpaid, barter or veterinarian experience.
- *** Example: Certified RMSK/RMSKS individual, Physician, Medical Director or In-Practice Administrator that can objectively verify studies were completed.