

**PVI Physician in Practice Letter – DOCUMENTING CLINICAL EXPERIENCE**

(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

RE: Dr. [insert applicant's name]

This is to verify that Dr. [insert applicant's name] was employed as a [insert full-time or part-time] physician for [insert name of employer] from [insert dates of employment – example April 1, 2014 through May 1, 2016]. 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.]

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 Medical Director]

[Insert email address]