

**PHYSICIAN IN PRACTICE SAMPLE LETTER with SIMULATION CASES –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

\*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 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.]

Of the stated total number of cases above, [insert number totaling no more than 100] cases are didactic or simulated cases that were presented and interpreted in a format that is equivalent to cases encountered in a clinical diagnostic setting. All didactic or simulated cases include the following features:

1. Indications and relevant clinical information are presented to the interpreting physician
2. Complete technical information for the examination should be provided, including images, cine loops, worksheets, and sonographer notes
3. The interpreting physician completes a final report in a format that meets IAC Vascular Testing Standards and Guidelines and is compliant with requirements for clinical documentation and billing
4. There is feedback from an educator or supervisor indicating that the interpretation met standards or what changes were required
5. The time to complete each simulated case interpretation should not be less than what would be required in a clinical diagnostic setting

6. Case details are available for audit by ARDMS to ensure that the above requirements are met

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]