RESIDENCY/FELLOWSHIP – SAMPLE LETTER

(Use for Prerequisites 4A1 and 4B1 only. Not to be used for the PVI examination.)

(THE IS A MANDATORY TEMPLATE CONTAINING ALL REQUIRED INFORMATION)

MADE-UP UNIVERSITY HOSPITAL
123 Main Street
Any City, Any State
888-555-1212
This letter must be on program/hospital letterhead and include the above information.

[Insert Current Date]

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

RE: Dr. [applicant’s name]

This is to verify that Dr. [insert applicant’s name] has attended (or is attending) a two-year accredited [indicate fellowship or residency, including full program title] at [insert name of program/hospital] from [insert dates attended – example April 1, 2010 through May 1, 2012]. During this timeframe of training he/she has been involved in approximately [insert number of hours] hours of hands-on [insert all that apply - sonography/vascular] laboratory experience, as well as an extensive didactic curriculum in [insert all that apply - sonography/vascular technology], pathology and physical principles.

Dr. [insert applicant’s name] has had formal instruction in the performance and interpretation of [insert areas of study]. He/She has performed, under supervision, a minimum of [insert number of studies performed] tests which have been distributed over the major testing areas of [insert areas of study for example - abdomen, pancreas, liver, biliary system.]

Sincerely,

[Insert original signature]

[Insert physicians first and last name with any credentials and credential/license numbers]

[Insert title – example Program Director]

[Insert email address]