

# RESIDENCY/FELLOWSHIP ATTENDANCE/COMPLETION

## SAMPLE LETTER

(THIS 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]

American Registry for Diagnostic Medical Sonography (ARDMS)  
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] 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 - extra cranial carotid, venous duplex, peripheral arterial (physiologic and duplex), and visceral vascular.]

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]