

Employer 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

Note: This letter must be on employer letterhead and include the above information

[Insert Date]

American Registry for Diagnostic Medical Sonography (ARDMS) 1401
Rockville Pike, Suite 600
Rockville, MD 20852-1402

RE: [insert Applicant's full name]

This is to verify that [insert Applicant's full name] was employed as a [insert full-time or part-time] sonographer for [insert name of employer] from [insert dates of employment – example April 1, 2011, through May 1, 2012]. [insert Applicant's name] has accumulated a total of [insert number of hours] hours of paid clinical ultrasound experience. [insert Applicant's name] performed [insert type of study(ies) performed – example abdominal scanning] under our supervision.

For questions regarding this letter, please contact me at [insert phone number and email address].

Sincerely,

[Insert hand-written signature]

[Insert Name]

[Insert Title] i.e. Lead Sonographer, Physician

[Insert ARDMS/APCA Number or Physician License Number & State/Country]

