

## Prerequisite 2 Application- Sample Letter

(THIS IS A MANDATORY TEMPLATE CONTAINING ALL REQUIRED INFORMATION)

MADE-UP UNIVERSITY  
School of Diagnostic Medical Sonography 123  
Main Street  
Any City, Any State  
888-555-1212

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

[Insert Current Date - letter must be dated the same day of graduation or any day thereafter]

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

Prerequisite 2 Application Letter

This is to verify that [insert full name of student] has completed the didactic and clinical requirements in the [insert – full time or part time] [insert length of program – example 18 months] [insert all program types that apply – diagnostic medical sonography/diagnostic cardiac sonography/vascular technology] program at [insert name of school] between [insert dates student attended – example April 1, 2011 through May 1, 2012].

The program this student successfully completed is accredited through [insert name of organization (CAAHEP or CMA/HSO) through which program is accredited]. The initial accreditation was awarded on [insert date]. I verify our program is currently accredited as of the date of this letter.

In the event of an ARDMS audit, each student's file verifying these requirements will be maintained by a program official for a minimum of three (3) years.

My signature verifies this applicant has successfully demonstrated entry-level clinical skills in the following programmatically accredited areas: [insert the appropriate CAAHEP or CMA-accredited specialty areas below, ONLY list specialty areas for which your program is accredited].

**This letter is valid for one (1) year from date of graduation.** If the application and appropriate supporting documentation are not received within one (1) year after successful completion of the program, the student will need a new letter verifying successful program completion and a current, completed clinical verification form for each applied-for specialty area.

The Applicant will also submit this letter with their application and either copy of a diploma from the ultrasound/vascular program or copy of an official transcript indicating the date the degree was conferred.

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

Sincerely,

[Insert hand-written signature]

[Insert Program Director's full name with any credentials] i.e. John Doe MD, RVT, RDMS, RDCS

[Insert position title] i.e. Diagnostic Sonography Program Director