

DATE

To whom it may concern,

Letter of attestation for Dr. _____: Confirmation of ___(type)_____ Training

This letter is to serve as 'proof of competence' confirming that Dr. _____ has achieved required training in _____(type)_____ as detailed in the NASCI Verification application.

This status is subject to the requirements as expressed in the NASCI Verification application, which currently stands at reporting/interpretation of _____(number)_____ cases.

I am supplying this letter of attestation in support of Dr. _____ as an appropriately trained qualified mentor as detailed within the NASCI application.

Dr. _____ has demonstrated the following requirements:

1. Board certified or eligible in cardiovascular medicine, radiology, or nuclear medicine (whichever is applicable).
2. Holds a valid, unrestricted medical license.
3. Undergone _____(number)_____ months of _____(type)_____ training under the eye of a qualified mentor (Dates within application). .
4. Documented involvement in at least __ (number)_____ _____(type)_____ studies representing the range of abnormalities observed in practice, including substantial proportions of cardiac and vascular studies.
5. Successful completion of at least _____(number)_____ hours of ___(type)___ coursework.

Yours sincerely,