(Once form is complete, please print on employer letterhead, sign at the bottom, give to applicant, and have him or her upload to their account at ARDMS.org/MYARDMS.)

RMSKS In Practice Letter – Documenting Clinical Experience

Hospital Name
Address
City, State and Zip Code
Phone Number of Hospital

Today's Date

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

RE: Applicant's First and Last Name

This is to verify that Applicant's First and Last Name was employed as a full-time or part-time Applicant's Position Title for Name of Employer from Dates of Employment (ie: 4/1/18 - 5/1/21) He/she has performed a minimum of 150 cases from dates of when scans were performed (ie: 4/1/18 - 5/1/21) in the areas of:

Type of Study	# of each type of study
Abdominal Wall	
Ankle and Foot	
Elbow	
Hand and Wrist	
Hip, Groin and Pelvis	
Knee	
Shoulder	
Soft Tissue	
Total # of MSK ultrasound studies	0

Note: While all types of studies are not required to meet the eligibility criteria, they will all be covered on the examination.

I verify these cases were completed on actual patients in a clinical diagnostic** setting. Simulation is not acceptable for this purpose. None of the above noted cases are labeled as therapeutic (injection or aspiration).

For questions regarding this letter please contact me at Phone Number.

Sincerely,

_____ <- Handwritten Signature
First and Last Name with any Credentials and Credential/License Numbers
Job Title***
E-mail Address

* A log of these cases must be maintained for at least three years following the date of application approval as case logs are subject to audit.
** Clinical diagnostic settings include hospitals, clinics and private practices. ARDMS/APCA does not accept volunteer, instructorship, unpaid, barter or veterinarian experience.
*** Example: Certified RMSK/RMSKS individual, Physician or Medical Director