This letter is required for all Endovascular Applicants.

Practice Pathway Letters must be on Practice Letterhead.
Fellowship Training Pathway Letters must be on Institution Letterhead, not practice letterhead.

Date:

To the Alliance for Physician Certification & Advancement (APCA) on behalf of the American Board of Vascular Medicine (ABVM):

Re: *Doctor's name*

This letter of attestation (from the Director, Cardiac Cath Lab, Program Director or Chief of Staff) is to confirm that the applicant _____meets the requirements to sit for the ABVM Endovascular Examination.

The applicant must meet all requirements in one category. Please select either: **Practice Pathway or Fellowship Training Pathway:**

PRACTICE PATHWAY_____

- **A.** Have active status in local institution to perform peripheral interventional procedures. These procedures must have been performed during the 12 months immediately prior to application.
- **B.** Performance of at least 100 diagnostic peripheral arteriograms with at least 50 as the primary operator at the attending physician level (cases performed as a trainee are not counted toward this total) in the hospital where the applicant holds privileges. All qualifying procedures must have been performed within the 24-month period immediately prior to application. Fifty percent of qualifying procedures must have been performed within the 12-month period immediately prior to application.
- **C.** Performance of at least 50 therapeutic peripheral interventional procedures, at least 25 as the primary operator at the attending physician level (cases performed as a trainee are not counted toward this total) in the hospital where the applicant holds privileges. All qualifying procedures must have been performed within the 24-month period immediately prior to application. Fifty percent of qualifying procedures must have been performed within the 12-month period immediately prior to application.

OR

FELLOWSHIP TRAINING PATHWAY _____

A. Successful completion of a Vascular Surgery, Vascular Medicine, Radiology, and/or Cardiology accredited fellowship that included training in peripheral interventional procedures within 3 years of application.
B. Performance of the requisite number of diagnostic (100) and therapeutic (50) peripheral interventional procedures, at least half as primary operator.
C. Written attestation of acceptable performance of peripheral procedures by the Fellowship Program Director.
D. Counting of cases and procedures follow the guidelines outlined in the COCATS-4 document published J Am Coll Cardiol, 2021. https://www.jacc.org/doi/10.1016/j.jacc.2020.09.579

I, the undersigned, as Director of the Interventional Department (Cardiology, Radiology, Surgery) attest that the applicant has fulfilled the four requirements as outlined above. I have no reservations about recommending this applicant for the ABVM Endovascular Medicine Examination. I am confident in the applicant's ability to practice endovascular medicine and believe that the applicant possesses the proper morals and ethics needed to practice effectively.

By signing this letter, I also certify that the applicant is currently in good standing in the medical community.

Sincerely,

Name of Physician
Title of Physician

Acceptable signatures: Director of Cardiac Cath Lab, Director, Interventional Radiology, Program Director or Chief of Medical Staff—no exceptions. The title of the physician signing the letter must be underneath the signature. Letters must be signed by a physician. **If you are in a private practice/group setting, you cannot have "a partner" write a letter of attestation on your behalf.**