This letter is required for all ABVM Vascular Medicine Applicants.

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

This sample letter shall serve as documentation that the candidate has completed either formal training in vascular medicine (Formal Training Pathway) or has dedicated at least 50% of their practice to vascular medicine (Practice Training Pathway). Please select the appropriate letter below.

Date

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

Re: *Doctor's name*

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

FORMAL TRAINING PATHWAY

This letter is to attest to the training of Dr._____ in vascular medicine and qualifications to take to the ABVM Vascular Medicine Board Examination under the Formal Training Pathway.

Dr. _____ has completed a residency/fellowship in _____(specialty) at _____ institution from _____ to _____. During this time, he/she has completed formal vascular medicine training that meets level 3 of the COCATS-4 training document.

◯ (*BY CHECKING*) I am attesting that this training included an appropriate experience in the following areas: vascular medicine consults, vascular laboratory, vascular surgery, peripheral angiography and intervention, advanced vascular imaging, and an outpatient vascular clinic experience.

PRACTICE TRAINING PATHWAY

This letter serves to confirm that Dr. _____has demonstrated a commitment to the practice of vascular medicine and qualifications to take to ABVM Vascular Medicine Board Examination under the Practice Training Pathway.

Dr. _____ has been associated with _____ institution since _____. He/She has demonstrated a commitment to vascular medicine through practice and has committed greater than 50% of practice to vascular medicine

In general, this candidate's practice entails: (*CHECK ALL THAT APPLY*)
◯ Vascular medicine clinical consultation
◯ Noninvasive vascular laboratory test performance/interpretation
◯ Endovascular peripheral intervention
◯ Vascular medicine research

I have no reservations about recommending this applicant for the ABVM Vascular Medicine Examination. I am confident in the applicant's ability to practice vascular medicine 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: Program Director for Formal Pathway, and Chief of Staff **OR** Department Chairman for Practice Pathway—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.**