

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