Student Prerequisite 3B 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]

American Registry for Diagnostic Medical Sonography (ARDMS)
1401 Rockville Pike
Suite 600
Rockville, MD 20852-1402

Student Prerequisite 3B Application Letter

[Insert student's name] entered the bachelor's degree in the [insert all program types that apply – diagnostic medical sonography/diagnostic cardiac sonography/vascular technology] program at [insert the school's name] on [insert date] and should successfully completed the bachelor's degree program on [insert expected date of program completion]. This is to verify that [insert the student's name] has completed 12 months of full-time clinical experience between [insert date] through [insert date].

In the event of an ARDMS audit, each student's file verifying these requirements will be maintained by the program official for a minimum of three years.

My signature verifies this student has successfully demonstrated entry-level clinical skills in the following areas [insert the appropriate specialty areas].

If the student applies within one year prior to successful completion of the sonography/vascular technology bachelor's degree program, then this letter is valid through the expected graduation date of [enter date]. Successful completion of 12 months full-time clinical experience is noted above. If the student chooses to apply after graduation, then this letter is no longer valid and new documentation verifying successful program completion and a current, completed clinical verification form for each applied-for specialty area will be required.

The student will also submit with this letter a copy of an official school transcript.

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