

Clinical CMR Experience Attestation:

Cardiology/Radiology

Notice: Applicants may submit multiple letters, each signed by an individual in the capacity listed under "Title" below. The signing individual is not required to be present during case acquisition but must be in active practice/faculty at the institution in which the cases were performed and have documented evidence of case completion (case logs). The cases MUST comply with CBCMR case requirements and have been completed according to the selection below. Case logs are subject to audit.

TO: Certification Board of Cardiovascular Magnetic Resonance

Letter Date: _____

This document serves to confirm that Dr. _____ directly performed and interpreted the following cases at the institution indicated on the letterhead above:

Clinical CMR Experience

☐ a minimum of 300 total clinical CMR cases over no less than 3 years, obtained in the 5 years immediately preceding application submission.

☐ All 300 cases were acquired at the same institution

☐ Total cases were acquired at multiple institutions. The following is the case acquisition number on record of at my institution: _____

☐ In signing this statement, I understand that if the Applicant is audited, deidentified case logs will be required. If the Applicant is unable to provide the logs for the cases to which I am attesting, it may prevent my attestations from being accepted for future applicants.

Cases Start Date: _____

Cases Completion Date: _____

Institution/Facility/Training Course: _____

Attestation Author Name Printed: _____

Attestation Author Title: _____

(e.g. Chief of Service, Program Director, CT Director, Lab Director, Department Head, Imaging Facility Head, Medical Director, Hospital CEO or Course Director. A facility CFO or Billing Manager may sign only if the cases were performed and interpreted in a clinical practice/hospital environment.)

Author's Training Level meets: ☐ ACC COCATs Level 2/3 CMR Guidelines
☐ EuroCMR Level 2/3 Certified

☐ SCMR Level 2/3 Verified
☐ ACR CMR Guidelines

Professional Relationship to Applicant: _____

Author Phone: _____ Author Email: _____

☐ I confirm that the above information is true and accurate.

Signature: _____