Date _____

To: Certification Board of Cardiovascular Magnetic Resonance

To Whom This May Concern:

○ I hold board certification from _____ (name of country) in the specialty of _____ granted by _____ (name of Board) on _____ (mm/dd/yyyy).

OR

○ There is no board certification in _____ (name of country) in the specialty of _____, however, I completed training that meets national training requirements for independent specialist practice and I hold national registration as a specialist, granted on _____ (mm/dd/yyyy).

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

Applicant Signature: _____

Applicant Name: _____

Applicant Email: _____