

Date _____

To: Certification Board of Nuclear Cardiology

To Whom This May Concern:

☐ I hold board certification from _____ (name of country) in
the specialty of Select One: _____ granted by
_____ (name of Board) on _____
(mm/yyyy).

OR

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

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

Applicant Signature: _____

Applicant Name: _____

Applicant Email: _____