

Date _____

To: Certification Board of Cardiovascular Computed Tomography

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/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: _____