

TO: **Certification Board of Cardiovascular Computed Tomography** Date: _____

Regarding (full name of Applicant): _____

To Whom This May Concern:

Dr. _____ has completed training that meets the national training requirements for independent specialist practice of Cardiology, Nuclear Medicine or Radiology in _____ (name of country) between _____ (mm/yyyy) and _____ (mm/yyyy).

This Applicant **has completed** **OR will complete** national registration as a specialist in Cardiology, Nuclear Medicine or Radiology in _____ (mm/yyyy).

Author's Name Printed: _____

Author's Title: _____

(e.g., Program Director, Supervisor, Training Director)

Professional Relationship to Applicant: _____

Email: _____ Phone: _____

I confirm that the above information is true and accurate.

Author's Signature: _____