TO: CertificationBoardofNuclear Cardiology

Name of Applicant: _____

○ Dr. _____ has completed training/experience in nuclear cardiology equivalent to the ACC Core Cardiovascular Training Statement (COCATS) 4 Task Force 6: Training in Nuclear Cardiology, revised 2015. This training was completed between the dates of _____ and _____ (mm/yyyy).

○ Dr. _____ has completed training that meets the national training requirements for independent sub-specialist practice of nuclear cardiology in _____ (country) between the dates of _____ and _____(mm/yyyy).

The applicant ○ has completed **OR** ○ will complete national registration as a specialist in ○ cardiology ○ nuclear medicine ○ radiology in _____ (mm/yyyy).

☐ The above-named applicant completed nuclear cardiology training more than seven years ago and has completed a minimum of 300 nuclear cardiology studies within the past 2 years.

Sincerely,

(Signature Required)

Name of Preceptor: _____

Title/Relationship to Applicant: _____

Institution: _____

Certified by (if applicable): _____ Certification #: _____