

## Maintenance of Competency (150 cases Level 2/75 cases ACR)

TO: Certification Board of Cardiovascular Computed Tomography      Letter Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

This document serves to confirm that the above name applicant interpreted:

- 150 contrast cardiac CT angiograms in the past 36 months – **Required for Applicants who completed COCATS Level 2 (3) Cardiac CT training or whose SCCT Verification Program Letter is dated more than 36 months prior to application date.**
  
- 75 contrast cardiac CT angiograms (excluding those performed exclusively for calcium scoring) in the past 12 months – **Required for Radiologists who completed ACR Cardiac CT Practice Guidelines requirements more than 12 months prior to application date.**

Sincerely,

Attestation Author Name Printed: \_\_\_\_\_

Attestation Author Title: \_\_\_\_\_  
(e.g. Chief of Service, Program Director, CT Director, Lab Director, Department Head, Imaging Facility Head, Medical Director, Hospital CEO or CCT Course Provider, or, for cases completed in a clinical environment ONLY, CFO, CEO or Billing Manager).

Professional Relationship to Applicant: \_\_\_\_\_

Author Phone: \_\_\_\_\_ Author Email: \_\_\_\_\_

I confirm that the above information is true and accurate.

Signature: \_\_\_\_\_