

PROGRAM COMPLETION – SAMPLE LETTER

(THIS IS A MANDATORY TEMPLATE CONTAINING ALL REQUIRED INFORMATION)

MADE-UP UNIVERSITY
School of Diagnostic Medical Sonography
123 Main Street (1)
Any City, Any State
888-555-1212

This letter must be on program/hospital letterhead and include the above information.

[Insert Current Date] (2)

American Registry for Diagnostic Medical Sonography (ARDMS)
3623 Tqemxknng'Rknng
Suite 600
Rockville, MD 20852-1402

[Insert student's full name] began the [insert full or part time], [insert length –example 18 month] [insert program type: diagnostic medical sonography, vascular technology, cardiovascular technology] program at [insert university or hospital name] on [insert date] and successfully completed the program on [insert date] (4). This program consisted of [insert number of hours] didactic hours and [insert number of hours] clinical hours; total program hours are [insert total number of hours] (5).

The student has completed clinical/didactic training in: [insert the appropriate specialty areas].

If you have any questions regarding this candidate, please contact me at [insert phone number and extension, if applicable].

Thank you.

Sincerely,

[Insert original signature] (6)

[Insert first and last name with any credentials and credential numbers] (7)
[Insert title – example Program Director]
[Insert email address]