

SAMPLE LETTER – DOCUMENTING CLINICAL EXPERIENCE

(THIS IS A MANDATORY TEMPLATE CONTAINING ALL REQUIRED INFORMATION)

MADE-UP HOSPITAL
123 Main Street
Any City, Any State
888-555-1212

This letter must be on employer letterhead and include the above information.

[Insert Current Date]

American Registry for Diagnostic Medical Sonography (ARDMS)
1401 Rockville Pike
Suite 600
Rockville, MD 20852-1401

RE: Dr. [insert applicant's name]

This is to verify that Dr. [insert applicant's name] was employed as a [insert full-time or part-time] physician for [insert name of employer] from [insert dates of employment – example April 1, 2011 through May 1, 2012]. Dr. [insert applicant's name] interpreted vascular ultrasound studies. She has interpreted a minimum of [insert number of studies performed] studies [insert areas of studies performed].

Sincerely,

[Insert original signature]

[Insert physicians first and last name with any credentials and credential/license numbers]
[Insert title – example Program Director]
[Insert email address]