

INSTRUCTIONS

**ALL LETTERS MUST BE ON INSTITUTION LETTERHEAD, NOT PRACTICE LETTERHEAD
THIS LETTER IS REQUIRED FOR ALL ENDOVASCULAR APPLICANTS**

This letter of attestation (from the Program Director or Chief of Medical Staff) is to confirm that the applicant _____ meets the requirements to sit for the ABVM Endovascular examination.

The applicant must meet all requirements in one category. Please select either: **Practice Pathway or Fellowship Training Pathway**

PRACTICE PATHWAY _____

- A. Active hospital privileges for diagnostic and interventional peripheral procedures.
- B. Performance of peripheral interventional procedures for at least 12 months prior to application.
- C. Performance of at least 100 diagnostic peripheral arteriograms with at least 50 as the primary operator at the attending physician level (cases performed as a trainee are not counted toward this total) in the hospital where the applicant holds privileges. All qualifying procedures must have been performed within two years of application.
- D. Performance of at least 50 therapeutic peripheral interventional procedures, at least 25 as the primary operator at the attending physician level (cases performed as a trainee are not counted toward this total) in the hospital where the applicant holds privileges. All qualifying procedures must have been performed within two years of application.

OR

FELLOWSHIP TRAINING PATHWAY _____

- A. Successful completion of a formal ABIM-accredited fellowship that included training in peripheral interventional procedures.
- B. Performance of the requisite number of diagnostic (100) and therapeutic (50) peripheral interventional procedures, at least half as primary operator.
- C. Written attestation of acceptable performance of peripheral procedures by the fellowship program director.
- D. Counting of cases and procedures follow the guidelines outlined in the COCATS-2 document published by the American College of Cardiology (www.acc.org/clinical/training/cocats2.pdf).

I, the undersigned, as Director of the Interventional Department (Cardiology, Radiology, Surgery) attest that the applicant has fulfilled the four requirements as outlined above. I have no reservations about recommending this applicant as a Diplomate in the American Board of Vascular Medicine. I am confident in the applicant's ability to practice endovascular medicine and believe that the applicant possesses the proper morals and ethics needed to practice effectively.

By signing this letter, I also certify that the applicant is currently in good standing in the medical community.

Sincerely,

Name of Physician

Title of Physician

Acceptable signatures: Director of Cardiac Cath Lab, Director, Interventional Radiology, Program Director or Chief of Medical Staff—no exceptions. The title of the physician signing your letter must be underneath the signature. Letters signed by nurses, etc. will not be accepted. **If you are in a private practice/group setting, you cannot have "a partner" write a letter of attestation on your behalf. If you are sitting for both exams, you cannot have the same physician sign both letters.** The notary seal must be visible or it will not be accepted.

Sworn and subscribed to before me on _____

Notary Public