INSTRUCTIONS

ALL LETTERS MUST BE ON INSTITUTION LETTERHEAD, NOT PRACTICE LETTERHEAD.

This sample letter shall serve as documentation that the candidate has completed either formal training in vascular medicine (fellowship in vascular medicine) or has dedicated at least 50% of their practice to vascular medicine.

Date

To Whom It May Concern:

Re: Doctor's name

This letter serves to confirm that Dr. _____has demonstrated a commitment to the practice of vascular medicine. He/She has been associated with _____ institution since _____.

He/She has been either formally trained in vascular medicine at ___(institution) from _____ to _____ or has demonstrated a commitment to vascular medicine through practice.

Formal Training Pathway Practice Training Pathway
(Circle the one that applies)

I have no reservations about recommending this applicant for membership in the American Board of Vascular Medicine because I am confident in the applicant's ability to practice medicine effectively. By signing this letter, I also certify that the applicant is currently in good standing in the medical community and has committed greater than 50% of practice to vascular medicine.

In general, this candidate's practice entails: CHECK ALL THAT APPLY.

____Vascular medicine clinical consultation

____Noninvasive vascular laboratory test performance/interpretation

____Endovascular peripheral intervention

____Vascular medicine research

Sincerely,

Name of Physician
Title of Physician

Acceptable signatures: Chief of Staff **OR** Department Chairman—no exceptions. Letters signed by nurses, etc. will not be accepted. The title of the physician signing the letter must be underneath the signature. **If you are sitting for both exams, you cannot have the same physician write both letters for you**. The notary seal must be visible or it will not be accepted. **If you are in a private practice/group, letters of attestation cannot come from "a partner."**

Sworn and subscribed to before me on

Notary Public