

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

This sample letter shall serve as documentation that the candidate has completed either formal training in vascular medicine or has dedicated at least 50% of their practice to vascular medicine. Please select the appropriate letter below. To be eligible for the formal pathway, an individual must be deemed competent in all aspects of vascular medicine and be considered a specialist in vascular medicine, another 12 months of training (in addition to the 24 months required for board eligibility in cardiovascular medicine), typically during a third or fourth year, should be solely devoted to vascular medicine.

Date

To Credentialing Committee:

Re: *Doctor's name*

FORMAL TRAINING PATHWAY

This letter is to attest to the training of Dr. _____ in vascular medicine and qualifications to take to General Vascular Medicine Board Examination from the American Board of Vascular Medicine under the formal training pathway.

Dr. _____ has completed a residency/fellowship in _____ (specialty) at _____ institution from _____ to _____. During this time, he/she has completed formal vascular medicine training that meets level 3 of the COCATS-4 training document.

(*BY CHECKING*) I am attesting that this training included an appropriate experience in the following areas: vascular medicine consults, vascular laboratory, vascular surgery, peripheral angiography and intervention, advanced vascular imaging, and an outpatient vascular clinic experience.

PRACTICE TRAINING PATHWAY

This letter serves to confirm that Dr. _____ has demonstrated a commitment to the practice of vascular medicine and qualifications to take to General Vascular Medicine Board Examination from the American Board of Vascular Medicine under the practice training pathway.

Dr. _____ has been associated with _____ institution since _____. He/She has demonstrated a commitment to vascular medicine through practice 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

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.

Sincerely,

Name of Physician

Title of Physician

Acceptable signatures: Program Director for Formal Pathway, and Chief of Staff **OR** Department Chairman for Practice Pathway—no exceptions. 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