DATE

To whom it may concern,

Letter of attestation for Dr. __________: Confirmation of__(type)______ Training

This letter is to serve as 'proof of competence' confirming that Dr. ___________ has achieved required training in ____)(type)____ as detailed in the NASCI Verification application.

This status is subject to the requirements as expressed in the NASCI Verification application, which currently stands at reporting/interpretation of ______(number)____ cases.

I am supplying this letter of attestation in support of Dr. ____________ as an appropriately trained qualified mentor as detailed within the NASCI application.

Dr. ___________ has demonstrated the following requirements:

1. Board certified or eligible in cardiovascular medicine, radiology, or nuclear medicine (whichever is applicable).
2. Holds a valid, unrestricted medical license.
3. Undergone ____)(number)____ months of ____)(type)____ training under the eye of a qualified mentor (Dates within application).
4. Documented involvement in at least ____)(number)____ ____)(type)____ studies representing the range of abnormalities observed in practice, including substantial proportions of cardiac and vascular studies.
5. Successful completion of at least ____)(number)____ hours of ____)(type)____ coursework.

Yours sincerely,