

Letter must be on school letterhead

[insert current date]

American Registry for Diagnostic Medical Sonography
51 Monroe Street, Plaza East One
Rockville, MD 20850-2400

Prerequisite 2 Application Letter

This is to verify that [insert full name of student] has completed the didactic and clinical requirements in the [insert – full time or part time] [insert length of program – example 18 months] diagnostic medical sonography/diagnostic cardiac sonography/vascular technology program at [insert name of school] between [insert dates student attended – example April 1, 2007 through May 1, 2009].

In the event of an ARDMS audit, each student's file verifying these requirements will be maintained by program official for a minimum of three years.

My signature verifies this applicant has successfully demonstrated entry-level clinical skills in the following areas: [insert the appropriate specialty areas below]

- Sonography Principles and Instrumentation (SPI)
- Abdomen (AB)
- Breast (BR)
- Neurosonology (NE)
- Obstetrics/Gynecology (OB/GYN)
- Adult Echocardiography (AE)
- Pediatric Echocardiography (PE)
- Fetal Echocardiography (FE)
- Vascular Technology (VT)

This letter is **valid for one year from** [insert date of graduation]. If the application and appropriate supporting documentation are not received within one year after successful completion of the program, the student will need new documentation verifying successful program completion and a current, completed clinical verification form for each applied-for specialty area.

The student will also submit with this letter and their application the following required documentation: either an official school transcript or copy of their program diploma or degree. If you have any questions regarding this applicant, please contact me at [insert phone number and extension, if applicable]. Thank you.

Sincerely,

[insert original signature]

[insert program director contact information – example below]

First and last name with any credentials
Registry number, if applicable, or medical license number
Title – example Program Director
Full address of institute

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Current Date

American Registry for Diagnostic Medical Sonography
51 Monroe Street, Plaza East One
Rockville, MD 20850-2400

Prerequisite 3B Application Letter

[Enter student's full name] entered the bachelor's degree in (select one) [diagnostic medical sonography/diagnostic cardiac sonography/vascular technology] program at [enter name of school] on [insert date student start program] and should successfully complete the bachelor's degree program on [insert date of program completion].

This is to verify that [Enter student's full name] has completed 12 months of full-time clinical experience between [insert dates of program - i.e. January 1, 2008 through January 1, 2009].

In the event of an ARDMS audit, each student's file verifying these requirements will be maintained by program official for a minimum of three years.

My signature verifies that this applicant has successfully demonstrated entry-level clinical skills in the following areas: **[only include those that apply]**.

- Sonography Principles and Instrumentation (SPI)
- Abdomen (AB)
- Breast (BR)
- Neurosonology (NE)
- Obstetrics/Gynecology (OB/GYN)
- Adult Echocardiography (AE)
- Pediatric Echocardiography (PE)
- Fetal Echocardiography (FE)
- Vascular Technology (VT)

If the student applies within one year prior to successful completion of the program, then this letter is **valid through the expected graduation date** of [insert date of program completion]. Successful completion of 12 months full-time clinical experience is noted above. If the student chooses to apply after graduation, then this letter is no longer valid and new documentation verifying successful program completion and a current, completed clinical verification form for each applied-for specialty area will be required.

The student will also submit this original letter, application, and an official school transcript. If you have any questions regarding this applicant, please contact me at [enter daytime phone number].

Sincerely,

"[your original signature]"

"[first and last name with any credentials]"

"[ARDMS number, if applicable]"

"[Title - i.e. Program Director]"

"[Full address, unless noted in letterhead]"