

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].

The program this student successfully completed is accredited through [insert name of organization through which program is accredited]. The initial accreditation was awarded on [insert date]. Our current accreditation is valid through [insert date].

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

My signature verifies this applicant has successfully demonstrated entry-level clinical skills in the following programmatically accredited areas: [insert the appropriate accredited specialty areas below]. ONLY list specialty areas for which your program is accredited.

Abdomen (AB)  
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